



JACKSON POLICE DEPARTMENT

N168 W21700 Main St P.O. Box 637 Jackson, WI 53037
Phone: (262)677-4949 Fax: (262)677-8570

NON-CONSENT FORM

Case Number: _____

BURGLARY

I, _____, state that I am in lawful possession of _____
_____ located in the Village of Jackson, Washington County, State of
Wisconsin and that I did not consent to have anyone enter said building on _____, 20____
and I desire to go forward with prosecution. Amount of Restitution: \$ _____

Date: _____ Signed: _____

Address: _____

Witness: _____ Phone: _____

Email: _____

THEFT / CRIMINAL DAMAGE / OWOC

I, _____, state that I am the owner of or in control of _____
_____ and that I did not consent to have anyone take and carry away/damage/operate
said property on _____, 20____ and I desire to go forward with prosecution.
Amount of Restitution: \$ _____

Date: _____ Signed: _____

Address: _____

Witness: _____ Phone: _____

Email: _____

BATTERY

I, _____, state that I received bodily harm on _____, 20____, that I did not
consent to the battery which caused said harm, and I desire to go forward with prosecution.

Date: _____ Signed: _____

Address: _____

Witness: _____ Phone: _____

Email: _____

I have received a copy of the Crime Victim Information Form. _____ initials