



1



University of North Alabama Police Department

Refusal to Prosecute

Please Print

Name:	Home Phone:	Cell Phone:
Address:	Date of Birth:	SSN:
Employer:	Work Phone:	Employer AD:
Driver's License:	Gender: ____ Age: ____ Race: ____	Height: ____ Weight: ____

Refusal to Prosecute Statement

Offense(s): _____

Location: _____

Defendant(s): _____

Interviewed By: _____

	Rank	Name	Assignment
On: _____, at _____, at _____			
Date		Time	Location

I, _____, after expressing my intentions to not prosecute in this case to Officer _____, and having them explain the procedures required in prosecuting and/or obtaining a warrant for the defendant's arrest, hereby acknowledge that I do not wish or intend to prosecute anyone, or to pursue this matter any further. Let this record reflect that I alone, of my own free will and accord, am solely responsible for making this decision.

Victim Signature: _____

Date: _____ **Time:** _____

Witness: _____ **Witness:** _____

TO ALL HEALTHCARE PROVIDERS: Having been advised of my right to refuse, I, _____, hereby consent to the release of my medical records to the University of North Alabama Police Department. This release is valid 90 days from the date of my signature.

Signature: _____

Date: _____