

STATEMENT

I _____ would like to request that charges filed against _____ in case number _____ be dismissed. However, I understand the ultimate decision lies with the Cleveland County District Attorney's Office. I am the listed victim in this case and would like charges to be dropped for the following reasons:

Signature of Victim

Printed Name of Victim: _____
Address: _____
City, State, Zip: _____
Phone: _____
Alternate Phone (trusted family or friend): _____
Date _____