



City of Center

Police Department

Victims Waiver of Prosecution Form



Date: _____

Report # _____

I, _____ DOB: _____ do not wish to pursue prosecution for the charge(s)
of _____ ordinance # _____ against _____.

I do not wish to cooperate with law enforcement or the Prosecuting Attorney regarding this matter.

I have not been threatened or coerced in any manner by anyone regarding my decision. I also understand that the investigation into this matter by the Center Police Department will be closed.

Complainant - **X** _____

Printed Name - _____

Date of Signature - _____

Officer - _____