

NO CONSENT FORM

BATTERY/SUBSTANTIAL BATTERY/AGGRAVATED BATTERY

I, _____, state that on _____

I received bodily injury, in the form of _____

_____.

I did not consent to the battery which caused said injury.

Due to the above described injury I sought medical attention on _____ (date)

at the (name of medical facility) _____

Signed: _____

Address: _____

Phone: _____
(home) (work)

Witness: _____

Dated: _____