

NO CONSENT FORM

SEXUAL ASSULT/ FALSE IMPRISONMENT

I, _____, state that I did not consent to:

- Sexual intercourse
- Sexual contact
- Confinement/ restraint

by _____ on _____, 20____,

which occurred at _____, Jefferson County,

Wisconsin.

Signed: _____

Address: _____

Phone: _____
(Home) (Work)

Witness: _____

Dated: _____