

LICKING COUNTY DOG WARDEN VOLUNTARY STATEMENT

DATE OF OFFENSE:	TII	ME OF OFFENSE:	LCDW CASE #	
LOCATION OF OFFENSE:				
l,	Middle Last	, hereby give this sta	, hereby give this statement of my own free will, without promise	
or threat to a Deputy wh	no has been identified as	a Deputy with the Licking	County Dog Wardens Office.	
HOME ADDRESS:				
PHONE:	SSN:		DOB:	
EMPLOYER:			PHONE:	
Dog Description: Size:	Color:	Hair Length:	Breed if Known:	
Owner/Keeper/Harbore	er:	ADDRESS:		
The facts contained in th	ne pages of this sta	tement are true and corre	ect.	
Signature			Date	
Witness Signature			Date	
Printed Name / Signatu	re of Deputy taking State	ement	 Date	



The Licking County Dog Warden Department 544 Dog Leg Road Heath, OH 43056

Phone: 740-349-6563 Fax: 740-323-0126

WHAT IS NEEDED FOR A PROPER STATEMENT OF FACTS

- A. A <u>specific</u> date and also, at least, an approximate time of the violation must be given. Even though there may be multiple violations on different dates, in most cases, it simplifies the court proceedings to concentrate on **one** date and time.
- B. Describe the dog, such as a large, medium, or small size dog, it's coloration, long, short or medium hair, sex, breed, if known it's name, and details such as it was wearing a red, leather, collar ect. It is also very helpful to take a photograph or a video of the dog while it's running loose. Remember, it's your word against theirs.
- C. Describe in reasonable detail where the dog was running loose and what the dog was doing (such as tearing up your trash on your front lawn, or aggressively chasing you in the roadway as you went to your mailbox). We must prove that the dog was loose off of the owner's property and that no one was in immediate control of the dog.
- D. Include the name and address of the dog owner, if you personally know for a fact who it is. If you don't know for sure, please don't guess, just state the full address of where the dog lives.
- E. Please sign the document with your full name, address, your date of birth, Social Security number, and the date you finished the statement.
 - F. Please re-check your statement for accuracy and mail to the above address.

Thank you, Licking County Dog Wardens Office