

Office of the  
State's Attorney  
Vermilion County, Illinois



Jacqueline Lacy  
State's Attorney

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## WALK-IN DATA FORM

### Victim Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ ID: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Offender Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Police Agency: \_\_\_\_\_ Report Number: \_\_\_\_\_

STATEMENT OF EVENTS (Use back side if needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I swear under penalty of perjury that the above are a true and accurate description of the events, and that further, I will fully cooperate with the State's Attorney's Office and will truthfully testify under oath in open court, if necessary.

\_\_\_\_\_  
Date: \_\_\_\_\_  
Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Police Dept: \_\_\_\_\_ Report #: \_\_\_\_\_ Prior Complaint: \_\_\_\_\_

A.S.A: \_\_\_\_\_ Charge(s) Authorized/Denied: \_\_\_\_\_

Charge(s): \_\_\_\_\_ Date: \_\_\_\_\_