

STATE OF INDIANA)
)ss:
COUNTY OF DEARBORN)

IN THE DEARBORN SUPERIOR COURT ____
GENERAL TERM, 20____

STATE OF INDIANA)
)
 v.)
)
_____)
_____)
_____)

INFORMATION FOR:
NEGLECT OF DEPENDENT (INJURY)
I.C. 35-46-1-4(b)(1)(A)
LEVEL 5 FELONY

CAUSE NO. _____

DOB: _____)
OLN: _____)

The undersigned affiant does hereby swear or affirm under penalties for perjury that:

On or about the ____ day of _____, 20____, in Dearborn County, State of Indiana, _____ did, having the care of a dependent, to-wit: _____ (Initials) whether assumed voluntarily or because of a legal obligation, knowingly or intentionally place said dependent in a situation that endangered his/her life or health, to-wit: _____, which resulted in bodily injury, to-wit: _____.

All of which is contrary to the form of the statute in such cases made and provided, to-wit: I.C. 35-46-1-4(b)(1)(A) and against the peace and dignity of the State of Indiana.

Approved by:

LYNN M. DEDDENS
Prosecuting Attorney
Seventh Judicial Circuit

Date: _____

By: _____
Deputy Prosecuting Attorney

State's Witnesses:

