

STATE OF INDIANA)
)ss:
COUNTY OF OHIO)

IN THE SEVENTH JUDICIAL CIRCUIT

GENERAL TERM, 20__

STATE OF INDIANA)
)
v.)
)
)
_____)
_____)
_____)
DOB:_____)
OLN:_____)

INFORMATION FOR:
BATTERY (VICTIM DISABLED & INJURY)
I.C. 35-42-2-1(g)(5)(C)
LEVEL 5 FELONY

CAUSE NO. _____

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

On or about the ____ day of _____, 20 ____, in Ohio County, State of Indiana, _____ did knowingly or intentionally touch _____, a person who has a mental or physical disability, to-wit: _____, in a rude, insolent or angry manner, to-wit: _____, and Defendant had care of said individual, either assumed voluntarily or because of a legal obligation, and said touching 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. 35-42-2-1(g)(5)(C) and against the peace and dignity of the State of Indiana.

APPROVED BY ME:

LYNN M. DEDDENS
Prosecuting Attorney,
Seventh Judicial Circuit

Date: _____

By: _____
Deputy Prosecuting Attorney

State's Witnesses:

