STATE OF INDIANA)
)ss:
COUNTY OF OHIO)

IN THE SEVENTH JUDICIAL CIRCUIT

GENERAL TERM, 20____

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

DOB:_____)
OLN:_____)

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

_____ _____
_____ _____
_____ _____

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