

# GAINESVILLE POLICE DEPARTMENT

## SEXUAL ASSAULT

### CASE SUSPENSION FORM

CASE REPORT NUMBER:	DATE OF REPORT:
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**This is to certify that I am satisfied with the investigation conducted by the Gainesville Police Department; however, at this point, I wish to suspend any further investigation. I understand that if and when I am able to resume participating with the investigation, I can contact either the Gainesville Police Department, the Detective assigned to the case, or my Victim Advocate and the investigation will be reopened.**

OFFENSE TYPE:
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SUSPECT'S NAME:	RACE:	SEX:	DATE OF BIRTH:
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- I understand that if I am unable to participate with this investigation, I may be ineligible for some types of victim compensation through the State of Florida.
- I have received a sexual battery brochure which explains all my rights and the services available to me.
- I understand I have the right to have a victim advocate present with me and by signing this form; I do not give up my right to have a victim advocate moving forward free of charge.
- I understand that some sexual assault and/or sexual battery cases have a statute of limitations that may apply.
- I understand a copy of this form will be provided to me.

VICTIM'S NAME:	RACE:	SEX:	DATE OF BIRTH:
VICTIM'S SIGNATURE:	DATE OF SIGNATURE:		

<b>I would like a victim advocate to re-contact me in 30 days to determine whether I am able to resume participating with this investigation.</b>	VICTIM'S INITIALS:	PHONE NUMBER:
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VICTIM SERVICE'S NAME (PRINT):	VICTIM SERVICE'S SIGNATURE:	DATE:
OFFICER NAME (PRINT):	OFFICER'S SIGNATURE/ ID#:	DATE:
SUPERVISOR'S NAME (PRINT):	SUPERVISOR'S SIGNATURE/ ID#:	DATE: