

STATE OF WYOMING )  
 )  
COUNTY OF LINCOLN )

### TOWN OF ALPINE DANGEROUS ANIMAL CITIZEN COMPLAINT AFFIDAVIT

**I. Instructions**

1. Please answer all questions as specifically as possible.
  2. This is your affidavit, and the answers are considered sworn statements.
  3. Incomplete complaints will not be considered.
  4. If a question does not correspond with your situation write "n/a".
  5. If you do not know the answer to a question, you can state, "I do not know".
  6. You can use extra sheets if necessary.
  7. If there is any video, audio, photographic, or other documentary evidence, it must be submitted to the Town of Alpine on a DVD or USB flash drive and capable of playing on an Apple MacIntosh media player. This complaint cannot be evaluated until any documentary evidence available is provided to the Town of Alpine.
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**II. Complainant/Victim Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone Number: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_ Parent/Guardian Name (if victim under 18) \_\_\_\_\_

**III. Description of Attacking Animal**

Description of Dog(s) \_\_\_\_\_ Breed: \_\_\_\_\_ Name: \_\_\_\_\_

Description of Dog(s) \_\_\_\_\_ Breed: \_\_\_\_\_ Name: \_\_\_\_\_

Description of Dog(s) \_\_\_\_\_ Breed: \_\_\_\_\_ Name: \_\_\_\_\_

**IV. Incident Information**

1. Date(s) of Incident: \_\_\_\_\_ Time(s) of Incident: \_\_\_\_\_

2. Where were you when the attack happened (Be specific: i.e. address and where on the premises - front yard, back yard, street, sidewalks curb, park, patio, etc.): \_\_\_\_\_

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3. What were you doing when it happened? \_\_\_\_\_

4. When did you first see the animal(s) before the attack and what was it doing? \_\_\_\_\_

5. Was the animal(s) inside a house, fence, crate, or other enclosure? \_\_\_\_\_

6. Did you provoke the animal by teasing, tormenting, abusing or assaulting the animal? Were you talking to or doing anything to the animal? \_\_\_\_\_

7. Was the animal(s) on a leash, tethered, or restrained in any way by the owner? \_\_\_\_\_

8. Was the owner, or anybody else, present during the attack? If so, who? \_\_\_\_\_

9. Did you have any injuries? (If yes, please describe) \_\_\_\_\_

10. What caused the injury (bite, scratch, other, etc.)? \_\_\_\_\_

11. Did you seek medical care? Why and why not? What treatment was required? \_\_\_\_\_

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12. Was an animal owned by you injured? If so, describe what happened: \_\_\_\_\_

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13. If you were not injured, did you believe that the animal was going to attack you and cause you bodily injury? Why? \_\_\_\_\_

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14. Is there any documentary evidence of what happened (e.g., video, pictures, text messages, emails, voice mail recordings, medical reports, etc.)? If so, please describe and provide a copy along with this report. Video, audio and other electronic evidence must be submitted to Animal Services via a DVD or USB Flash Drive and must be accessible to Windows Media Player.

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**V. Person/Persons In Control of Attacking Animal (Possible Owner)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: (W) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

How did you identify the person/persons in control?:

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Describe any conversation between you and the owner(s) or a family member, witness, friend, etc., of the owner(s) regarding the incident: \_\_\_\_\_

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Have you and the owner(s) of the animal been involved in any other dispute or incidents? (Describe and include police report numbers if applicable): \_\_\_\_\_

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**VI. Witness Information**

Provide the following information for any witnesses who may testify about this incident:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: (W) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

How was this witness involved? \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: (W) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

How was this witness involved? \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: (W) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

How was this witness involved? \_\_\_\_\_  
\_\_\_\_\_

**VII. Describe any other information or details that may assist with the investigation or add any necessary information from one of the previous questions (indicate which question) (use additional pages if necessary):**

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**VIII. Signature**

**WARNING NOTICE:** YOUR STATEMENT MAY BE USED AGAINST YOU AS EVIDENCE. YOU MAY BE CHARGED WITH AN OFFENSE, OR YOU MAY BE SUED FOR MALICIOUS PROSECUTION OR OTHER CAUSE OF ACTION IF ANY OF THE FOLLOWING CONDITIONS APPLY:

- (1) YOUR SWORN STATEMENT CONTAINS A FALSE REPORT;
- (2) YOUR SWORN STATEMENT CONSTITUTES A RETALIATION FOR REPORTS MADE AGAINST YOU; OR
- (3) IF YOUR SWORN STATEMENT INCLUDES AN ADMISSION OF A CRIMINAL OFFENSE COMMITTED BY YOU:

I understand that my complaint will be evaluated and that a dangerous dog determination must be supported by sufficient evidence as required by law. If the matter is contested, the Town, with your testimony has the burden to prove that the dog is a dangerous dog with a preponderance of the evidence. If this burden cannot be met, the Court, and/or the Town of Alpine will not be able to determine that the dog is a dangerous dog.

Also, I understand that if this complaint is accepted, the owner has the right to contest this matter and that I may be required to testify in a Municipal Court or County Court hearing on VERY short notice. Furthermore, I understand that there are multiple options for the Owner(s) to appeal a dangerous dog determination, and that I may be called to testify more than once. By signing below, I agree that I will be available to testify more than once if needed. I understand that if I do not respond to a request to appear in court or if I fail to appear, the case may not be able to proceed and a dismissal may be requested.

I swear, under the penalty of perjury, that the above information is true and correct to the best of my belief and knowledge.

\_\_\_\_\_  
(Complainant/Victim)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent or Guardian, if victim under 18)

\_\_\_\_\_  
(Date)

SUBSCRIBED AND SWORN TO BEFORE ME by the said \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My Commission Expires:\_\_\_\_\_ Notary Public in and for the State of Wyoming