

# NEIGHBORHOOD "HOT SPOT" FORM

TOGETHER WE CAN MAKE OUR COMMUNITIES A BETTER AND SAFER PLACE TO LIVE  
HOT SPOT FORMS HELP THE DISTRICT ATTORNEY AND THE DISTRICT 2 COMMUNITY PROSECUTION IDENTIFY PROBLEMS IN YOUR COMMUNITY

<b>I have witnessed (check all that apply):</b>		
<u>CRIMINAL</u>	<u>CIVIL</u>	<u>ENVIRONMENTAL</u>
<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Drug Activity (sales/use) <input type="checkbox"/> Gang Graffiti <input type="checkbox"/> Prostitution <input type="checkbox"/> Guns/Shootings <input type="checkbox"/> Fights	<input type="checkbox"/> Loitering <input type="checkbox"/> Loud Music/Dogs Barking <input type="checkbox"/> Public Drinking <input type="checkbox"/> Property Damage <input type="checkbox"/> Gang Activity <input type="checkbox"/> Entry/Thefts	<input type="checkbox"/> Garbage/Junk <input type="checkbox"/> Broken Windows <input type="checkbox"/> Abandoned Auto <input type="checkbox"/> Overgrown Grass/Weeds <input type="checkbox"/> Loose Animals <input type="checkbox"/> Overcrowding <input type="checkbox"/> Traffic/In & Out

Today's Date \_\_\_\_\_

Problem Address/ specific location: \_\_\_\_\_

Apartment number: \_\_\_\_\_  Upper  Lower  Front  Back

Describe in detail the nuisance or criminal activity: \_\_\_\_\_

How long has the activity been observed: \_\_\_\_\_ Date last observed: \_\_\_\_\_

Most active hours:  Nighttime  Daytime  Weekends  Parties  Other \_\_\_\_\_

If drug related, selling is done at:  Door Front/ Side/ Back  Window Front/ Side/ Back  Street  Alley

At the problem property, are there:  Guns/weapons  Dogs  Children  Elderly  Other \_\_\_\_\_

Who is coming to location:  Males  White  Black  Hispanic  Other

Ages \_\_\_\_\_

Females  White  Black  Hispanic  Other

Ages \_\_\_\_\_

Suspects' names/nicknames: \_\_\_\_\_

Male  Female  White  Black  Hispanic  Other Ages: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Gang Member:  No  Yes What Gang: \_\_\_\_\_

Vehicle: Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate: \_\_\_\_\_

**Additional Information/ Concerns:**

If you choose, please provide the following information so that we can contact you if we have questions or updates. Your information will be kept confidential by and within the District 2/6 CPU. Thank you for your willingness to help.

Your name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**Report Concerns Or Return This Form To:**

Ann R. Lopez  
 Assistant District Attorneys  
 Community Prosecutor - District 2  
 (414) 935-7222 (District)  
[Ann.Lopez@da.wi.gov](mailto:Ann.Lopez@da.wi.gov)  
 245 W Lincoln Av, Milwaukee WI 53207

Patricia Ruiz  
 Districts 2 & 6 Coordinator  
 Southside Organizing Committee  
 (414) 672-8090  
[patricia@socmilwaukee.org](mailto:patricia@socmilwaukee.org)  
 1236 S Layton Blvd, Milwaukee, WI 53204

