

**“STALKING” AUTHORIZATION  
AND UNDERSTANDING AFFIDAVIT**

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The purpose of this affidavit is to advise and verify that the Client is aware of the State of Michigan Stalking laws. Please put your initials in the box next to each number if you understand and agree with each statement. Phase 4 Investigations, Inc. reserves the right to deny information to any person who fails to complete this form and/or is proven to have falsified this document.

“Stalking” means a willful course of conduct involving repeated or continuing harassment of another individual that would cause a reasonable person to feel terrorized, frightened, intimidated, threatened, harassed or molested: and that actually causes the victim to feel terrorized, frightened, intimidated, threatened, harassed or molested.

“Unconsented Contact” means any contact with another individual that is initiated or continued without that individual’s consent, or in disregard of that individual’s expressed desire that the contact be avoided or discontinued. Non consensual contact includes, but is not limited to any of the following:

- Following or appearing within the sight of that individual.
- Approaching or confronting that individual in a public place or on private property.
- Appearing at the workplace or residence of that individual.
- Entering onto or remaining on property owned, leased or occupied by that individual.
- Contacting that individual by telephone.
- Sending mail or electronic communications to that individual.
- Placing an object on or delivering an object to property owned, leased or occupied by that individual.

\_\_\_\_\_ I understand that aggravated stalking is a felony punishable by imprisonment for not more than five years or a fine of not more than \$10,000.00 or both.

\_\_\_\_\_ I have never been accused arrested or convicted of stalking.

\_\_\_\_\_ I do not intend to use any of the information provided for any type of malicious, destructive, harmful or unlawful purposes.

\_\_\_\_\_ I hold Phase 4 Investigations harmless for any actions taken with respect to the information provided to me, by myself, my agents or anyone else who I involve in this matter.

I have read this entire document and understand its content and guidelines.

Client printed name \_\_\_\_\_ Client signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_