

Oath and Consent to Serve as Special Prosecutor

The appointment dated _____ regarding _____.

I accept this appointment as Special Prosecutor and (swear) or (affirm) that I will support the constitutions of the United States and the State of Wisconsin, and will faithfully discharge the duties of this office to the best of my ability.

State of: _____

County of: _____

Subscribed and sworn to before me on: _____

Notary Public, State of Wisconsin

Name Printed or Typed

My commission expires: _____

This notarial act involved the use of communication technology.

Attorney's Signature

Name Printed or Typed

Address of Principal Office

Email Address

Telephone Number

Date

State Bar No.