

# RESPONSIBILITY AGREEMENT

SP4337 10/2004

Wisconsin Department of Transportation

Distribution: White – Agency;  
Pink – Person Taking Custody

Citation Number
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I, the undersigned, agree to undertake responsibility for the care of \_\_\_\_\_  
(hereinafter, referred to as "detainee"), a person arrested for Operating a Motor Vehicle While Intoxicated.  
In consideration of the release of the detainee to my care, I certify and agree that:

1. My physical and mental ability is not now impaired by the use of alcohol, drugs, or other intoxicants, or medications, prescriptions or otherwise.
2. I am physically and otherwise able to exercise responsibility for the care of the detainee.
3. I will exercise such responsibility for the care of the detainee in a diligent manner and with due regard for the safety of the detainee, myself, and members of the general public.
4. I will not allow the detainee to operate a motor vehicle so long as the detainee displays any evidence of impaired ability; and, in any event, I will not allow such operation at any time during the next twelve (12) hours.
5. I will indemnify, defend, and hold harmless, the State of Wisconsin, its officers, and employees against any and all liability, loss, damage, costs or expenses which they or any of them may sustain, incur, or pay by reason of the acts of the detainee while under my care pursuant to his or her release to my care.

Arrest Time	<input type="checkbox"/> a.m.
	<input type="checkbox"/> p.m.

\_\_\_\_\_  
(Custodian Signature)

\_\_\_\_\_  
(Print Name)

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

Pursuant to s.345.24 Wisconsin Statutes and in consideration of the above agreement, I release the above named detainee to the person executing said agreement.

Release Time	<input type="checkbox"/> a.m.
	<input type="checkbox"/> p.m.

\_\_\_\_\_  
(Officer Signature)

\_\_\_\_\_  
(Print Name)

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