



CENTER POLICE DEPARTMENT

VOLUNTARY STATEMENT

FALSE STATEMENTS ARE PUNISHABLE BY LAW

Date _____ Time _____ Place _____

Printed Name _____ DOB _____

SSN _____ Phone # _____

Address _____

I, _____, want to make the following statement

I fully understand the contents of the enclosed statement made by me. The statement is true, I have initialed all corrections and have initialed the bottom of each page of this statement. I have made this statement freely without hope of benefit or reward, without threat of punishment and without promise or lawful inducement.

Page _____ of _____ Pages Case # _____

Signed / Initialed _____

Witness _____ Witness _____