VOLUNTARY STATEMENT

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| --- | --- | --- | --- | --- | --- |
| DATE: |  | TIME: |  | PHONE #: |  |

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| --- |
| I , the undersigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am \_\_\_\_\_\_\_\_\_ years of age, my date and place of birth being the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_ in the year \_\_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I now currently live at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , state \_\_\_\_ zip code \_\_\_\_\_\_\_\_\_\_\_. |

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| I have read each page of this statement consisting of \_\_\_\_ pages. Each page of which bears my signature, and corrections, if any, bear my initials, and I certify that the facts contained herein are true and correct. I further certify that I made no request for the advice or presence of a lawyer before or during any part of this statement, nor at any time was I told or prompted what to say in this statement. This statement was completed at \_\_\_ am/pm on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, year \_\_\_\_\_\_\_. | | | |
| **\*\*\*WARNING\*\*\*** False statements made on this form are punishable under the penalty of perjury. Whoever makes a false statement on this form or in the reporting of the incident shall be punished by imprisonment for up to 2 years or a fine up to $2,500.00 or by both a fine and imprisonment. Subsequent false reports require MANDATORY one year imprisonment. | | | |
| Witness (Print) |  |  |  |
| Witness Signature |  |  | (Signature of person giving statement) |
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This statement of \_\_\_\_ pages has been read by me and I understand it all. I sign it of my own free will as my own statement, which is true to the best of my memory.

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|  |  |
|  | Signature |
|  |  |
|  | Witness |