



**Voluntary Statement**



**THIS PORTION IS TO BE COMPLETED BY THE DEPUTY**

Specific Crime					Date Occurred				
Location of Occurrence					Time Occurred				
Your Name (Last/First/Middle)					Date of Birth			Social Security #	
Race	Sex	Height	Weight	Hair	Eyes	Work Schedule/Hours		Business/School	
Residence Address (Number/Street/Apt.#)					City	State	Zip		
Home Phone			Cell Phone			Work Phone/Ext.			
Business Address					City	State	Zip	Occupation	
Best place to contact you during the day			Best time to contact you during the day			Can You Identify the Suspect? Yes      NO			

**Details:**

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I HAVE READ THIS STATEMENT AND I AFFIRM TO THE TRUTH AND ACCURACY OF THE FACTS CONTAINED HEREIN. THIS STATEMENT WAS COMPLETED AT (LOCATION) \_\_\_\_\_ ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ AT \_\_\_\_\_ (AM/PM), \_\_\_\_\_.

Signature of Person Giving Statement: \_\_\_\_\_ Date: \_\_\_\_\_

Witness/Deputy: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

Printed Name