

**ENOCH CITY POLICE DEPARTMENT  
VOLUNTARY STATEMENT OF FACTS**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Notice: Pursuant to Section 76-8-504.5, you are notified that the statement you are about to make may be presented to a magistrate or Judge in lieu of your sworn testimony at a preliminary examination. Any false statement you make and that you do not believe to be true may subject you to criminal punishment as a Class A Misdemeanor.

**STATEMENT**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

**Witness:**

**Date:**

