



POLICE DEPARTMENT
VOLUNTARY STATEMENT OF FACTS

Name: Home Phone:

Address: City:

Case #: 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

Multiple horizontal lines for writing the statement.

Signature:

Date:

Horizontal line for signature

Horizontal line for date

Witness:

Date:

