Case # _____

Page: ____ of ____

Cadiz Police Department

STATEMENT FORM

NAME: _____
LAST FIRST M.I.

ADDRESS: _____ STATE: _____ ZIPCODE: _____

HOME PHONE#: _____ CELL PHONE#: _____WORK PHONE #: _____

OCCUPATION: _____ EMPLOYER: _____

DRIVER'S LIC. #: _____ DRIVER'S LIC. STATE: _____

D.O.B: _____ SOCIAL SECURITY #: _____ WILL TESTIFY: _____

SEX: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

STATEMENT: _____

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I MAKE THIS STATEMENT ON MY OWN FREE ACCORD AND SWEAR THE ABOVE STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNED: _____ DATE: _____

WITNESS: _____ DATE: _____