

**PROWERS COUNTY SHERIFF'S OFFICE
VOLUNTARY STATEMENT FORM**

Deputy: _____

UCR/Case# : _____

Defendant: _____

Date of Incident: _____

Location: _____

County: _____

I make the following statement of my own free will with no force or threats used against me and no promises made or implied to induce me to make this statement:

Name: _____ **DOB:** _____ **Phone:** _____

Home address: _____ **Cell:** _____

Business address: _____ **Phone:** _____

Date / Time: _____ **Signature:** _____

Deputy taking statement: _____ **Witness:** _____

**PROWERS COUNTY SHERIFF'S OFFICE
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Date / Time: _____ Signature: _____

Deputy taking statement: _____ Witness: _____