UNION CENTER POLICE DEPARTMENT

VOLUNTARY STATEMENT

NAME: _____ CASE#: _____
(FIRST) (MIDDLE) (LAST) (OFFICER)

DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: (___)_____ I READ AND WRITE THE ENGLISH LANGUAGE ☐YES ☐NO

I VOLUNTARILY MAKE THE FOLLOWING STATEMENT TO _____ WHO IS A LAW ENFORCEMENT
(OFFICER'S NAME)
OFFICER FOR THE VILLAGE OF UNION CENTER POLICE DEPARTMENT.

CONTINUED ON BACK ☐

I HAVE READ THIS STATEMENT, AND NOW SIGN IT AS BEING TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE:X _____ WITNESS SIGNATURE: _____

DATE: _____ TIME: _____ AM/PM PAGE ____ OF ____ PAGES

VOLUNTARY STATEMENT CONTINUED

I HAVE READ THIS STATEMENT AND NOW SIGN IT AS BEING TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: X _____ WITNESS SIGNATURE: _____

DATE: _____ TIME: _____ AM/PM