

OTTAWA POLICE DEPARTMENT

VOLUNTARY STATEMENT FORM

DATE _____ TIME _____

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

STATEMENT OF FACTS: _____

THIS STATEMENT OF FACTS HAS BEEN MADE VOLUNTARILY. NO PROMISES HAVE BEEN MADE AND NO THREATS OR COERCION HAVE BEEN MADE TOWARDS ME.

OFFICER _____ **SIGNATURE** _____

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