



Jefferson County Sheriff's Office Voluntary Statement Case# _____

(Please Print) Statement Page ____ of ____

Name _____ Date of Birth ____ / ____ / ____ Age ____
(First) (M I) (Last)

Street Address _____ Home Phone _____
(Fire or Street Number), (City, Village, Town) Cell Phone _____

Mailing Address _____ Work Phone _____
(If different from above, include Zip Code)

This voluntary statement was given by the above person while at

_____ on ____ / ____ / ____ at ____ : ____ a.m./p.m.
(Location) (Date) (Time)

(Reviewing & Witness Deputy) Does statement continue on reverse side? Yes/No _____
(Signature of Statement Writer)

Ruled lines for writing, consisting of 23 horizontal lines spaced evenly down the page.