Deputy: _____ Case #_____ Date Completed:_____

Asotin County Sheriff's Office Voluntary Statement Form

Name: _____ DOB: _____
(First) (MI) (Last)

Address: _____

City: _____State: _____ Zip Code: _____

Phone: ( ) _____Cell: ( ) _____Work: ( ) _____ Email: _____

Permanent Contact (Person) _____ (Phone number) _____

I voluntarily provide the following information of my own free will:

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(Continue on Back Page if Necessary)

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing and any accompanying reports/copies of documents and the information contained therein are true, correct, and accurate. (RCW 9A.72.085)

Signature:_____ **Print Name:**_____

Witness:_____ **Print Name:**_____

Statement (continued)

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing and any accompanying reports/copies of documents and the information contained therein are true, correct, and accurate. (RCW 9A.72.085)

Signature:_____ **Print Name:**_____

Witness:_____ **Print Name:**_____