CR:_____

VOLUNTARY STATEMENT

Declaración voluntaria

Name: _____ **DOB**: _____ **Telephone**: _____
(Nombre) (La Fecha De Nacimiento) (Telefono)

Address: _____
(Domicilio) Direcion/Casa Ciudad Estado/Codigo Postal

Date of Incident: _____ **Time of Incident**: _____ **Location of Incident**: _____
(Fecha de Incidente) (Hora de Incidente) (Lugar de Incidente)

My voluntary statement that follows was not made due to any threats, promises, favors, or favors of leniency having been made to me by any person:

(Use as much detail as possible in describing the Incident. (Lo mas detalle possible describiendo el incidente)

_____

_____

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_____

continue on reverse side →

I have read each page of this statement consisting of _____ page(s). Any corrections made by me bear my initials and I certify that the facts contained herein are true and correct. I further certify that I made no request for the advice or presence of a lawyer before or during any part of this statement, nor at any time before it was finished did I request that this statement be stopped. I also declare that I was not told or prompted what to say in this statement.

This statement was completed at _____ (a.m./p.m.) on the _____ day of _____, _____.

_____ _____
Witness Signature of Person Giving Voluntary Statement

_____ _____
Witness Printed Name of Person Giving Voluntary Statement

CR:_____

VOLUNTARY STATEMENT-continued

Declaración voluntaria

continue on reverse side →

Initials of Person Giving Voluntary Statement _____

CR:_____

VOLUNTARY STATEMENT-continued

Declaración voluntaria

_____ **continue on reverse side →**

Initials of Person Giving Voluntary Statement _____

CR:_____

VOLUNTARY STATEMENT-continued

Declaración voluntaria

Initials of Person Giving Voluntary Statement _____