

CASE # _____
OFFICER _____

**SOUTH BEND POLICE DEPARTMENT
VOLUNTARY STATEMENT**

NAME: _____ DOB: _____
ADDRESS: _____
PHONE: _____

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

SIGNATURE

PRINTED NAME

PLACE SIGNED

DATE AND TIME SIGNED

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