



MAITLAND POLICE DEPARTMENT

CASE #:

STATEMENT

Fill out in detail

STATEMENT OF	<input type="checkbox"/> VICTIM	<input type="checkbox"/> WITNESS	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> DEFENDANT	<input type="checkbox"/> OTHER
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NAME	RACE	SEX	DOB
HOME ADDRESS	ZIP	PHONE	
BUSINESS ADDRESS	ZIP	PHONE	

STATEMENT LOCATION	DATE	TIME	A.M. P.M.
INCIDENT LOCATION	DATE	TIME	A.M. P.M.

I _____ DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT OR FAVOR BY ANY PERSONS WHOMSOEVER.

Please add e-mail address:

SWORN TO AND SUSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY, THIS _____ DAY OF _____ 20____ <input type="checkbox"/> Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced ID _____	I SWEAR / AFFIRM THE ABOVE STATEMENTS ARE CORRECT AND TRUE. (SIGNATURE) _____	
	I WISH TO PRESS CHARGES AND WILL TESTIFY. <input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____	MIRANDA WARNING READ <input type="checkbox"/> YES _____ <input type="checkbox"/> N/A _____
		PAGE OF PAGES 1 _____