

SPARTA POLICE DEPARTMENT

711 Pine St, Sparta WI 54656 - PH 608-269-3122 - FX 608-269-2156 - www.spartawisconsin.org

VOLUNTARY STATEMENT FORM

CASE #:	OFFICER NAME: _	
NAME: First ADDRESS:	Middle Initial Last	PRIMARY PHONE #:
		SECONDARY PHONE #:
The statement you are proceedings. Any false prosecution. By signing coercion of any kind has	about to make may be pres statement you make and t	sented to a judge in lieu of your sworn testimony in any court that you do not believe to be true may subject you to criminal e understanding of the preceding and confirm that no threats or parta Police Department.
NARRATIVE:		
	,	entered without my consent or permission. assment without my consent or permission.
On said date, I was	physically hurt and did receiv	ve pain without my consent or permission.
STATEMENT GIVER'S SIGN	ATURE	DATE:

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VOLUNTARY STATEMENT NARRATIVE CONTINUATION LACK OF CONSENT: APPROXIMATE VALUE/ PROPERTY ITEMS STOLEN OR DAMAGED **AMOUNT OF DAMAGE** \$ \$ \$ \$ \$ \$ \$ \$ TOTAL \$

STATEMENT GIVER'S SIGNATURE ______ DATE: _____

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