

SKAGIT COUNTY SHERIFF'S OFFICE WITNESS STATEMENT FORM

Case Number _____

Deputy Handling Case (If Known) _____

Name _____ Address _____

I am _____ years old. My date of birth is _____. My phone number is (____) _____

I have finished the ____ grade in school. I can read, write and understand the English language __yes __no.

Be sure to sign and date the bottom of the statement form.

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The above information is true to the best of my knowledge and was freely given. No threats or promises have been made against or to me in order to get me to make this statement. I certify under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed _____ Date _____ Time _____

Witness _____ Date _____ Time _____

DO NOT DISCLOSE

Page _____ of _____