

VOLUNTARY STATEMENT AFFIDAVIT

Name	Rank/Rate	Social Security Number
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Command	Division
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Section	Phone
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I, _____, hereby make the following statement:

I swear (or affirm) that the information in the statement above and on the ____ attached page(s) is true to the best of my knowledge or belief.

(Witness' Signature) _____

(Date)

Time

Sworn to and subscribed before me on this date.

(Investigator's Signature) _____

(Date)

Time