Castle Rock Police Department
STATEMENT FORM

STATEMENT OF: _____
(Last, First Middle)

ADDRESS (POB & STREET):

_____

TELEPHONE:_____

CELL PHONE: _____

WORK TELEPHONE:_____

CASE #: _____

DATE OF BIRTH: _____

BUSINESS: _____

DATE: _____

I HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT CONSISTING OF _____ PAGE(S). EACH PAGE BEARS MY SIGNATURE, AND ALL CORRECTIONS, IF ANY, BEAR MY INITIALS. I DO CERTIFY (OR DECLARE) UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON (RCW 9A.72.085) THAT THE ENTIRE STATEMENT IS TRUE AND CORRECT. I HAVE READ OR HAD READ TO ME THE PERJURY WARNING _____(INITIALS)

SIGNED ON THIS _____DAY OF _____, 20_____, IN _____, WASHINGTON

SIGNATURE:_____

WITNESS: _____