

Lisbon Police Department
VOLUNTARY STATEMENT

Date: _____ Place: _____ Time Started: _____ I, the undersigned _____
am ___ years old having been born on the ___ day of _____ 19___. My current address & phone
number is

_____.

I have read this statement consisting of ___ page(s) and I certify that the facts contained therein are true and correct. I further certify that I make no request for the advice or presence of a lawyer before or during any part of this statement, nor at any time before it was finished did I request that this statement be stopped. I also declare that I was not told or prompted what to say in this statement.

This statement was completed at _____ am/pm on the ___ Day of _____ 20__.

Signature of Person Completing Statement

WITNESS: 1) _____ 2) _____ 3) _____

