## Lisbon Police Department VOLUNTARY STATEMENT

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D. ( DI	VOLUNTARY S		
Date:Place: years old, Date of birth	•	I, the undersigned	
My current address & phone	number is:		
_			
certify that I make no request for th	e advice or presence of a lawy	at the facts contained therein are true a er before or during any part of this sta pped. I also declare that I was not told	tement, nor at any
This statement was completed at	am/pm on the Day of	20	
		Signature of Person	Completing Statemen
		Signature of refson	completing statemen

2)\_\_\_\_\_\_3)\_\_\_\_\_

WITNESS: 1)\_\_\_\_\_