STATEMENT

Sherman County Sheriff's Office
PO Box 424 Moro, OR 97039

Case # _____

Role: V W S	Last Name, First MI	Race	Sex	Age	DOB	Driver's License #:	State:

Residence Address:	Zip:	Mailing Address:	Zip:	Hm. Phone:

Title/Occupation:	Employer:	Employer Address:	Zip:	Wk. Phone:

I, _____
(Print Full Name)

make the following voluntary statement at: Time: _____ Date: _____

I have read the above and foregoing statement and have been given the opportunity to make any and all corrections or changes I might need to make. Any changes that I have made are initialed by me and in my own handwriting. This statement is also true and correct to the best of my knowledge.

Signed: _____

Case Officer:	Received by:	Date Received:

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