Print Form

CASE #

CEDAR CITY POLICE DEPARTMENT

VOLUNTARY WITNESS STATEMENT

DATE	TIME	LOCATION		
NAME (Last)	(First)	(Middle)	DOB	Social Security #
ADDRESS	(City)	(State)	(Zip)	
PHONE (Home)	(Work)			

You are notified that statements you are about to make may be presented to a magistrate or a judge in lieu of your sworn testimony at a preliminary examination. Any false statement you make and that you do not believe to be true may subject you to criminal punishment as a class A misdemeanor.

I give this statement of my own free will. No promises, threats or coercion of any kind have been made to me by any Cedar City Police Officer.

PLEASE DESCRIBE WHAT YOU SAW, HEARD, OR KNOW OF THIS INCIDENT

_____ _____

SIGNATURE **DATE**

This statement was made before me _____, and did subscribe his/her signature thereon, this _____ day of _____, 20_____.