VOLUNTARY STATEMENT

NAME:_____ **DOB:**_____

ADDRESS:_____ **SOC:**_____

_____ **PHONE:**_____

DATE:_____ **PLACE:**_____ **TIME STARTED:**_____**M**

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This statement was completed at _____ **M. on the** _____**day of** _____**, 20**___**.**

WITNESS:_____ _____

Signature of person giving voluntary statement

WITNESS:_____