## CHELAN COUNTY SHERIFF'S OFFICE VOLUNTARY VICTIM/WITNESS STATEMENT FORM

| Case#   | Date: | Time:          |
|---|-------|----------------|
| Statement of:   |       | Phone#:        |
| Address:  |       | Date of Birth: |
| I certify and declare under penalty of perjury and under the laws of the State of Washington that the following statement was given by me under my own free will, with no threats or promises having been made by any member of the Chelan County Sheriff's Office. |       |                |
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| I have read the above statement and have had an opportunity to make any changes or deletions I have felt necessary. I certify and declare under penalty of perjury and under the laws of the State of Washington the foregoing is true and correct.                 |       |                |
| Signature:  |       | Date:          |
| Witness:  |       | Place:         |

If you need more room please add additional pages