ROME POLICE DEPARTMENT
1156 ALPINE DRIVE
NEKOOSA, WI 54457
PH: (715) 325-8020 FAX: (715) 325-8033
E-MAIL: POLICEMAIL@ROMEWI.COM

CASE # _____

OFFICER: _____

VOLUNTARY STATEMENT FORM

PLEASE PRINT FULL NAME		**DATE OF BIRTH**
E-MAIL ADDRESS	**SOCIAL SECURITY NUMBER (OPTIONAL)**	**PHONE NUMBERS** **HOME:** _____ **CELL:** _____ **WORK:** _____
RESIDENCE ADDRESS (CITY, STATE, ZIP CODE)		

WRITTEN STATEMENT

By my signature below, I attest that the information in this statement and consent form is true and correct to the best of my knowledge.

SIGNATURE: X _____ **DATE:** _____ TIME: _____ AM / PM

(PLEASE SIGN OR TURN OVER TO CONTINUE THE STATEMENT)

(WRITTEN STATEMENT CONTINUED)

LACK OF CONSENT – (Please Check The Appropriate Line Below)

☐ On said date, I was physically hurt and did receive pain without my consent or permission.

☐ On said date, property was stolen, damaged or entered without my consent or permission.

QTY	DESCRIPTION	MAKE	MODEL	SERIAL #	VALUE

By my signature below, I attest that the information in this statement and consent form is true and correct to the best of my knowledge.

SIGNATURE: X _____ **DATE:** _____ TIME: _____ AM / PM

(PLEASE SIGN THE STATEMENT ABOVE)