Sherman County Sheriff's Office PO Box 424/ 500 Court St., Moro, OR 97039 Phone (541) 565-3622 Fax (541) 565-3046

STATEMENT

Case #

Role:	Last Name, First MI		Race	Sex	Age	DOB	Driver's License #:		<u> </u>	State:
v w s										
Residence Address:		Zip:	Mail	ling Add	ress:		Zip:]	Hm. Phone:	
		Employer Address: Zip:								
Title/Occupation:	Employer:	ss:				'	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.										
I have read the abo	ve and foregoing sta	ntement and have been give aled by me and in my own	n the opp	ortunity	y to mak	e any and a	all corrections or changes	I might ne	ed to mak	e
Any changes that I	nave maue are miti	area by me and m my own	nanuwrit	.mg. 1 Mi	s statem	ent is also t	a ue anu correct to the be	SUULINY KNO	owieuge.	
			Si	igned:						
Case Officer:		Received by:						Date R	eceived:	