



STATEMENT

**Sherman County Sheriff's Office
PO Box 424 Moro, OR 97039**

Case # _____

Role: V W S	Last Name, First MI	Race	Sex	Age	DOB	Driver's License #:	State:
Residence Address:		Zip:	Mailing Address:			Zip:	Hm. Phone:
Title/Occupation:	Employer:	Employer Address:				Zip:	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. Any changes that I have made are initialed by me and in my own handwriting. This statement is also true and correct to the best of my knowledge.

Signed: _____

Case Officer:	Received by:	Date Received:
----------------------	---------------------	-----------------------