

WITNESS STATEMENT FORM

DATE: _____ TIME OF INCIDENT: _____ LOCATION: _____

NAME: _____ DOB: _____

ADDRESS: _____

TELEPHONE:

(HOME): _____ (WORK): _____ (CELL): _____

INCIDENT: _____

You are notified that statements you are about to make may be presented to a magistrate or a judge in lieu of your sworn testimony at a preliminary examination. Any false statement you make and that you do not believe to be true may subject you to criminal punishment as a Class A Misdemeanor.

I give this statement of my own free will. No promise, threats or coercion of any kind have been made.

PLEASE DESCRIBE IN DETAIL WHAT YOU KNOW OF THIS INCIDENT:

SIGNATURE

DATE

Continue on other side if needed