

Case# _____

PARK CITY POLICE DEPARTMENT

**2060 Park Avenue
Park City, UT 84060
Phone: (435) 615-5500
Fax: (435) 615-4913**

VOLUNTARY STATEMENT

NAME _____ **PHONE: (H)** _____ **(W)** _____

ADDRESS: _____

DATE OF BIRTH: _____ **SS#** _____ **SEX:** _____ **AGE:** _____

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 promises, threats or coercion of any kind have been made to me by any Park City Police Department Officer.

TIME, DATE AND LOCATION OF INCIDENT: _____

PLEASE DESCRIBE WHAT YOU SAW, HEARD OR KNOW OF THIS INCIDENT

SIGNATURE

DATE

This statement was made before me _____, and did subscribe his/her signature thereon, this _____ day of _____, _____.

