Skamania County Sheriff's Office
PO Box 790, Stevenson, WA 98648
PH: 509-427-9490 Fax: 509-427-4369

VOLUNTARY STATEMENT

Place Statement Taken:_____ Date:_____ Time:_____
Name:_____ DOB:_____ Phone:_____
Last First Middle
Address:_____ City:_____ State:____ Zip:_____
Sex:____Hgt:_____Wgt:_____Eyes:_____Hair:_____Drivers License # / State:_____

I declare that the following statement is made of my own free will.

I have read each page of this statement consisting of _____ pages. Each page is signed by me. I certify (declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. (RCW 9A.72.085). I certify I made no request for a lawyer, nor did I request to stop my statement, nor was I told or prompted what to say in this statement.

Statement completed on (date) _____ at (time)_____ Witness:_____
Signature of person giving statement:_____
Statement taken by:_____Incident:_____

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SUPPLEMENTAL PAGE

Signature of person giving statement:_____

Case #: _____