

LEETONIA POLICE DEPARTMENT

Name: _____ Address: _____

Social Security Number: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Phone Number: _____ Age: _____

I HEREBY ATTEST THAT ALL OF THE WRITINGS ABOVE ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, AND FULLY UNDERSTAND THAT I AM ACCOUNTABLE FOR THIS STATEMENT THROUGH O.R.C. CODE 2921.13.

Furthermore, I, the undersigned, hereby understand that this form is a legal document and all statements, accusations and recollections of any kind included within this document are true and accurate.

I have read each page of this statement consisting of ____ page(s), each of which bears my signature. **Any corrections that have been made bear my initials** and I declare that the facts contained within this statement form are true and correct.

Time of completion: _____ Date of Completion: _____

Signature of Individual Making Statement: _____

LEETONIA POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM CONTINUED.

Signature of Individual Making Statement: _____ DATE: _____
TIME: _____