



Leetonia Police Department

300 E. Main Street

Leetonia, Ohio 44431

(330) 427-6721, Extension 100

VOLUNTARY STATEMENT FORM

Name: _____

Phone: _____

Address: _____

Social Security Number: _____

Date of Birth: _____

I HEREBY ATTEST THAT ALL OF THE WRITING 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

[Empty rectangular box for the statement content]

Date/Time: _____

Signature of Individual Making Statement: _____