MAITLAND POLICE DEPARTMENT

Offense #:

STATEMENT
Fill out in detail

STATEMENT OF: _____VICTIM _____WITNESS _____SUSPECT _____DEFENDANT

NAME	RACE	SEX	DOB
HOME ADDRESS	ZIP	PHONE	
BUSINESS ADDRESS	ZIP	PHONE	
E-MAIL ADDRESS:			
STATEMENT LOCATION		DATE	TIME AM PM
INCIDENT LOCATION		DATE	TIME AM PM

I, _____, DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT OR FAVOR BY ANY PERSON WHOMSOEVER:

SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY THIS

_____DAY OF _____, 20___

___Notary Public ___Law Enforcement Officer

___Personally Known ___Produced ID

I SWEAR/AFFIRM THE ABOVE STATEMENT IS CORRECT AND TRUE

SIGNATURE _____

I WISH TO PRESS CHARGES AND WILL TESTIFY

_____YES _____NO

MIRANDA WARNING READ

_____YES _____NO

WHITE COPY (ORIGINAL)	STATE ATTORNEY	PAGE 1 OF PAGES _____
YELLOW COPY	MPD RECORDS	
PINK COPY	OTHER	