



# Voluntary Witness Statement

Please complete all information below. Once completed, you can sign electronically and email back to the deputy/detective working your case or print, sign and return to the Sheriff's Office.

Deputy/Detective \_\_\_\_\_ DCSO Case # \_\_\_\_\_  
Suspect(s) \_\_\_\_\_ Date of Incident \_\_\_\_\_  
Address of Incident \_\_\_\_\_ City: \_\_\_\_\_

I MAKE THE FOLLOWING STATEMENT OF MY OWN FREE WILL WITH NO FORCE OR THREATS USED AGAINST ME AND NO PROMISE MADE OR IMPLIED TO INDUCE ME TO MAKE THIS STATEMENT.

Witness Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Other Phone \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Witness/Deputy Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM



## Voluntary Witness Statement Cont.

Once completed, you can sign electronically and email back to the deputy/detective working your case or print, sign and return to the Sheriff's Office.

INITIALS: \_\_\_\_\_

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