



DELTA COUNTY
SHERIFF
RESPECT * INTEGRITY * COMPASSION

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**



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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: _____

PAGE _____ of _____