# SPARTA POLICE DEPARTMENT

121 East Oak ST, Sparta WI 54656 - PH 608-269-3122 - FX 608-269-2156 - www.spartawisconsin.org

## VOLUNTARY STATEMENT FORM

**CASE #: _____ OFFICER NAME: _____**

NAME: _____/_____/_____ PRIMARY PHONE #: _____
First Middle Initial Last

ADDRESS: _____

SEX: _____ AGE: _____ DATE OF BIRTH: _____ SECONDARY PHONE #: _____

**The statement you are about to make may be presented to a judge in lieu of your sworn testimony in any court proceedings. Any false statement you make and that you do not believe to be true may subject you to criminal prosecution. By signing this form, you acknowledge understanding of the preceding and confirm that no threats or coercion of any kind has been made to you by the Sparta Police Department.**

**NARRATIVE:**

_____

_____

_____

_____

_____

_____

_____

_____

_____

____ On said date, property was stolen, damaged, or entered without my consent or permission.

____ On said date, I did receive physical or verbal harassment without my consent or permission.

____ On said date, I was physically hurt and did receive pain without my consent or permission.

**STATEMENT GIVER'S SIGNATURE _____ DATE: _____**



***VOLUNTARY STATEMENT NARRATIVE CONTINUED ON REVERSE***

# VOLUNTARY STATEMENT NARRATIVE CONTINUATION

**LACK OF CONSENT:**

| PROPERTY ITEMS STOLEN OR DAMAGED | APPROXIMATE VALUE/ AMOUNT OF DAMAGE |
|---|---|
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| **TOTAL** | $ |

**STATEMENT GIVER'S SIGNATURE** _____ **DATE:** _____