CITY OF LOVELOCK
POLICE DEPARTMENT
Chief Michael J Mancebo
P.O. Box 1100
Lovelock, Nevada 89419
Telephone (775) 273-2256
Fax (775) 273-7626

VOLUNTARY STATEMENT

REPORT NUMBER _____
Page _____ of _____

DATE _____ TIME _____ LOCATION _____
NAME _____ ADDRESS _____
P.O. BOX _____ CITY/STATE/ZIP _____
PLACE OF BIRTH _____ AGE _____ HT _____ WT _____ EYES _____ HAIR _____
EMPLOYER _____ OCCUPATION _____
D.O.B _____ SSN _____ D/L # _____ TELEPHONE _____

I CERTIFY THAT THIS STATEMENT IS TRUE AND CORRECT. I FURTHER CERTIFY THAT I MADE NO REQUEST FOR THE ADVICE OR PRESENCE OF A LAWYER BEFORE OR DURING ANY PART OF THIS STATEMENT, NOR AT ANY TIME BEFORE IT WAS FINISHED DID I REQUEST THAT THIS STATEMENT BE STOPPED. I ALSO DECLARE THAT I WAS NOT TOLD OR PROMPTED WHAT TO SAY IN THIS STATEMENT.

THIS STATEMENT WAS COMPLETED AT _____ AM/PM ON _____

SIGNATURE: _____ WITNESS _____