Le Mars Police Department
Voluntary Statement

Not Under Arrest
Under Arrest

Name_____ Address_____
PRINT
Date of Birth_____ Age_____ City & State_____

Phone_____Cell_____ Parents (if a juvenile)_____

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I have read each page of this statement consisting of _____page(s) and I certify that the facts contained herein are true and correct.

Dated _____Time_____

Witness_____ **Signature of person giving voluntary statement**

Witness_____ _____