



GENEVA POLICE DEPARTMENT

VOLUNTARY WRITTEN STATEMENTS

INFORMATION SECTION – CONFIDENTIAL NOT TO BE RELEASED

Case Number: _____

Date: _____

Time: _____ AM / PM

Name: _____

Age: _____

Address: _____

Date of Birth: _____

Sex: _____

Phone: (____) _____ - _____

Driver's License Number: _____

Place of Employment: _____

City, State: _____

I, the undersigned, do represent the following facts and details to be true to the best of my knowledge, information, and belief:

DO NOT WRITE HERE, START YOUR STATEMENT ON THE NEXT PAGE

