FRANKLIN BOROUGH POLICE DEPARTMENT

VOLUNTARY STATEMENT FORM

CASE NUMBER: _____

Name: _____ DOB: _____ SSN: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

****** DO NOT WRITE ON BACK OF SHEET, USE A NEW FORM ******

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PLEASE READ THE FOLLOWING STATEMENT AND INITIAL

I understand that any person who gives or causes to be given false information to any law enforcement officer with respect to the commission of any crime or incident, is guilty of a fourth degree crime under N.J.S. 2C:28-4, punishable by a fine of not more than $1,000 or imprisonment up to 18 months, or both. _____ (Initials)

I have read each page of this statement consisting of _____ page(s), each page of which bears my signature, and my corrections, if any, bear my initials; and I certify that the facts contained herein are correct.

This statement was completed on _____ at _____.
Date Time

_____ _____

Signature of person giving statement Witness (Officer)

**Must sign in officer's presence*