



Smithfield City Police Department
 55 East 100 South (P.O. Box 96) Smithfield, UT. 84335
 Office (435) 563-8501 Fax (435) 563-8532



Voluntary Witness Statement

CASE # _____ OFFICER _____ DATE ____/____/____

WITNESS NAME INFORMATION

LAST NAME _____ FIRST NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE # _____ DATE OF BIRTH ____/____/____

YOU ARE NOTIFIED THAT THE STATEMENT YOU ARE ABOUT TO MAKE MAY BE PRESENTED TO A MAGISTRATE OR A JUDGE IN LIEU OF YOU SWORN TESTIMONY AT A PRELIMINARY EXAMINATION. ANY FALSE STATEMENT YOU MAKE AND THAT YOU DO NOT BELIEVE TO BE TRUE MAY SUBJECT YOU TO CRIMINAL PUNISHMENT AS A CLASS A MISDEMEANOR.

(In your own words, please describe what you witnessed, observed, or were involved in)

Signature

Date

Handwriting practice lines consisting of 30 horizontal grey lines.