



2349 Jamestown Ave. Suite 3  
Independence, Iowa 50644  
(OFFICE) 319-334-2520 \* (FAX) 319-334-6747

**Voluntary Statement**

**Date of Statement:** \_\_\_\_\_

**Incident#:** \_\_\_\_\_

**Time of Statement:** \_\_\_\_\_

.....  
**NAME:** \_\_\_\_\_

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**ADDRESS:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **SSN/DLN:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_  
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I certify under the penalty of perjury and pursuant to the laws of the State of Iowa that the proceeding is true and correct.

\_\_\_\_\_  
Signature