



1100 First Street East
Independence, Iowa 50644
(OFFICE) 319-334-2520 * (FAX) 319-334-6747

Voluntary Statement

Date of Statement: _____

Incident#: _____

Time of Statement: _____



NAME: _____

Page ___ of ___

ADDRESS: _____

DOB: _____ SSN/DLN: _____ PHONE #: _____



Multiple horizontal lines for writing the voluntary statement.

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