

Sheriff Jarrod Poley

PO Box 565 ~ 396 LaFever Walden, CO 80480

Phone (970)723-4242 ~ Fax (970)723-4740

VOLUNTARY STATEMENT

DateTime		MINOR
Name		Name
Address		Address
Date of Birth		Phone number
Driver License Number	State	Mother Name
Phone number		Address
Social Security number		Phone number
Narrative (use additional blank page	per if necessary. Make sure	e to sign and date all pages)
I hereby swear or affirm under penalty information contained in this docume		the penalty of false reporting to authorities that the ne best of my knowledge.
Signature		_ Date
Witness		_ Date



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Date	Time			
Signature		Da	ate	