RUSSELLVILLE POLICE DEPARMENT
TO SERVE AND PROTECT
PO Box 1000 Russellville, Al 35653
(256)332-2230 Fax (256) 332-8718
www.russellvillepd.org

Date:_____
Time:_____
Case#:_____

Name:_____ Date of Birth: _____

SSN:_____ RACE:_____ SEX:_____ Education:_____

READ:_____ Write:_____

Address:_____

Phone:_____Employer:_____

Employer Phone:_____ Employer Address:_____

I DELCARE THAT THE FOLLOWING VOLUNTARY STATEMENT IS MADE OF MY OWN FREE WILL WITHOUT PROMISE OF HOPE OR REWARD, WITHOUT FEAR OR THREAT OF PHYSICAL HARM, WOTHOUT COERCION, FAVOR OR OFFER OF FAVOR, WITHOUT LENIECY, BY ANY PERSON OR PERSONS WHOMSOEVER.

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I HAVE READ EACH PAGE OF THIS STATEMENT CONSISTING OF ____ PAGES(S), EACH OF WHICH BEARS MY SIGNATURE, AND CORRECTIONS, IF ANY BEAR MY INTIALS AND I CERTIFY THAT THE FACTS CONTAINED HEREEIN ARE TRUE AND CORRECT. I FURTHER CERTIFY THAT I MADE NO REQUEST FOR THE ADVICE OR PRESENCE OF A LAWYER BEFORE DURING ANY PART OF THIS STATEMENT, NOR AT ANY TIME BEFORE IT WAS FINSIHED DID I REQUEST THAT THIS STATEMENT BE STOPPED. I ALSO DECLARE THAT I WAS NOT PROMPTED WHAT TO SAY IN THIS STATEMENT.

THIS STATEMENT WAS COMPLETED _____ ON THE _____ OF_____, 20___

SIGNATURE: _____
WITNESS:_____WITNESS:_____