Jefferson County Sheriff's Office
HANDWRITTEN STATEMENT FORM

Incident #:

Type of Incident: _____ Date: _____ Time: _____

Name: _____ DOB: _____
Last, First, MI

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer and Phone #: _____

I have been informed of my constitutional rights. _____

☐ Witness/Victim Confidentiality Requested from public records request *IAW RCW 42.56.240(2)*
"Information revealing the identity of persons who are witnesses to or victims of crime or who file complaints with investigative, law enforcement, or penology agencies ... if disclosure would endanger any person's life, physical safety, or property. If at the time a complaint is filed the complainant, victim, or witness indicates a desire for disclosure or nondisclosure, such desire shall govern."

Instructions: *Starting at the beginning, write down <u>everything</u> that happened from beginning to end. Use the back of this sheet and as many additional sheets as necessary. Include names (DOB and contact information), places, times, and as much detail as to what happen that you can remember.*

I, the undersigned, declare under penalty of perjury, under the laws of the State of Washington that the statements contained on this handwritten form (front, back and any additional pages) are true and correct. I have made this statement voluntarily.

Signed at _____ Jefferson County, Washington.
(City)

Signature: _____ Date Signed: _____

Witness: _____ Date Signed: _____

Deputy Taking Statement: _____

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