Santaquin/Genola Police Department Voluntary Statement

Case # :	Date:	Time:	
Name:			
Address:			
		Zip:	
Phone:	Cell:	Date of Birth:	
notified that state of your sworn test	ments you are about to make imony at a preliminary examin	Code annotated, 1953, as amendomay be present to a magistrate or jation. Any false statement you mayou to criminal punishment as	udge in lieu ke and that
	nt of my own free will. No pro y Santaquin/Genola Police Offi	mises, threats or coercion of any ki cer.	nd has been
Signed	Date	Witness	