

OSSEO POLICE DEPARTMENT VOLUNTARY STATEMENT

Name: _____ Date of Birth: ____ / ____ / ____ Age: ____ Case# ____
(First) (MI) (Last)

Street Address _____
(House # Street Name)(City, State & Zip Code)

Home Phone: _____ Cell Phone: _____

Under Arrest: Yes or No / Miranda Warning Given Yes or No

This voluntary statement was given by the above person on: Date: ____ / ____ / ____ at ____ a.m. / p.m.

(Reviewing & Witness Officer) Page: ____ of ____ _____
(Signature of person giving voluntary statement)