## **VOLUNTARY STATEMENT**

(Please Print)				
Last	First		Μ.	
Address	City	State	Zip Code	
Phone Number			_	
, the undersigned,		, do hereby make the following statement		
0		, ł	, he having first identified himself as	
his statement voluntarily, of n	ny own free will, knowing t this statement is made	ny statement nor incriminat that such statement could without any threat, coercic	knowing that I may have an attorney te myself in any manner. I make d later be used against me in any on, offer of benefit, favor or offer of	
		e(s) and the facts contain	ned therein are true and correct.	
Signature of Person giving			Date	
PLACE		WITNESSES:		
ГІМЕ				

VOLUNTART STATEMENT CONTINUATION	Date	Page No
Statement Of:		

## VOLUNTARY STATEMENT CONTINUATION