VOLUNTARY STATEMENT FORM

Case#:

Statement From:			
Name: (Last/First/Middle)		Gender M F	
Home Address:		_City:	State:Zip:
Work Address:	City:	State:	Zip:
Home Phone:	Work Phone	o	ther:
Place Statement Taken:		Date:	Time:
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<u>Warning!</u> By Signing this document, I certify (or declare), under penalty of perjury under the laws of the State of Illinois, that the foregoing statement is true and correct to the best of my knowledge. Furthermore, I am also aware that making a false or misleading statement to a Public Servant is a crime which is punishable in a court of law.