



# Poulsbo Police Department

200 NE Moe Street  
Poulsbo, WA 98370  
Ph: (360)779-3113 Fax: (360)779-4433



Case Number: \_\_\_\_\_

## VOLUNTARY STATEMENT

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City State Zip

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Street City State Zip

I, \_\_\_\_\_, declare the following statement was made  
freely and voluntarily without threats or promises of any kind.

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I, \_\_\_\_\_, declare under the penalty of perjury of the laws of the State of Washington  
the above statement is true and correct

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature: \_\_\_\_\_