

WRITTEN STATEMENT

FALSE STATEMENTS

You are notified that statements you are about to make may be presented to a Magistrate or a Judge in lieu of your sworn testimony at a preliminary examination.

Any statement you make that is false or that you do not believe to be true may subject you to criminal punishment as a class B misdemeanor per Utah State Code 76-8-504.

NAME:	DATE OF BIRTH:/	
DRIVERS LICENSE NUMBER/STATE: _		
Address:		
City: State:	Zip	
CELL#	WORK#	
Location/Date/Time of Crime:		
Who/What/Where/When		
(YES / NO) Do you wish to pursue criminal charges against any and all suspects involved, understanding you will need to testify in court? *By signing this document I hereby swear that the information contained in this statement is true and correct, and understand that if the information is found to be false I may face criminal punishment.		
SIGNED	DATE/TIME:	
I hereby consent to and authorize the release of my Medical and or Financial records to law enforcement, the City Attorney, and the County Attorney. MEDICAL FINANCIAL		
SIGNATURE	 DATE//	

10/2014 Phone: 435-654-3040 Fax: 435-654-3286 HCPD-WS-F1