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Please print and write legibly.				
1y Name is:		<del> </del>	Date of Birth:/	Age:
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ictim:	······································	Witness:		_
wish to provide the following information ackson County Sheriff's Office. This information sed in any court of law in Jackson County, lease identify that person with full name, accurate.	ation is being provided , the State of Ohio and	l for lawful purposes a Federal Courts. Pleas	e state the facts below. When you refe	provide can be r to a person,
have read the above statement page	e(s); It is true and corre	ct to my best belief a	nd knowledge. There are more	pages

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