POINT TOWNSHIP POLICE DEPARTMENT

759 Ridge Road, Northumberland, PA 17857

Voluntary Statement

Subject Name: _____ DOB: _____
Full Legal Name MM/DD/YYYY

Address: _____ SSN: ___ - ___ - ____
Street Address

_____ Telephone:(___) _____
Town State Zip

I, _____, understand and agree that I do not have to make a statement; That I have the right to talk to an attorney prior to making any statement; That this statement may be used against me in a court of law; That I do not want to talk to an attorney and I make this statement voluntarily; That no promises have made to me nor have any threats been made against me; That I can read and write the English language.

I verify that the facts set forth in this statement are true and correct to the best of my knowledge, information and belief. This verification is made subject to the penalties of the PA Crimes Code (18 Pa.C.S § 4904) relating to Unsworn Falsification to Authorities. I acknowledge that I am subject of an official police investigation and that any attempt on my part to mislead a public servant in his official capacity or to attempt to falsely incriminate another person may carry additional penalties under the PA Crimes Code (18 Pa.C.S. § 4906), relating to False Reports to Law Enforcement Authorities.

X_____ _____
Signature Date/Time

_____ _____
Witness Name/Signature Witness Name/Signature

Voluntary Statement Continuation

I verify that the facts set forth in this statement are true and correct to the best of my knowledge, information and belief. This verification is made subject to the penalties of the PA Crimes Code (18 Pa.C.S § 4904) relating to Unsworn Falsification to Authorities. I acknowledge that I am subject of an official police investigation and that any attempt on my part to mislead a public servant in his official capacity or to attempt to falsely incriminate another person may carry additional penalties under the PA Crimes Code (18 Pa.C.S. § 4906), relating to False Reports to Law Enforcement Authorities.

X_____ _____

Signature Date/Time

_____ _____

Witness Name/Signature Witness Name/Signature