VICTIM/WITNESS STATEMENT FORM

Victim/Witness_____Date_____Time_____Case Number_____

Interviewer_____Location_____

Witness:_____Witness:_____

I,_____, Do hereby make the following statement regarding the Crime / Incident I was a victim Of / Witness to on_____. I understand that it is an ethical violation to make a sworn statement that contains false information and that I could be reprimanded by the Charlotte County Soccer Federation for doing so. I declare that the following information is the truth to the best of my knowledge.

_____

_____

_____

Stated Before me at_____ **Date_____**

_____

Victim / Witness (Signature)