



Pevely Police Department

401 Main Street, P.O. Box 304
Pevely, MO 63070
Ph: (636) 475-5301 Fax: (636) 475-4632



VOLUNTARY STATEMENT

Case Number: _____

Name: _____
Last First Middle

Date of Birth: _____

Home Address: _____
Street City State Zip

Work Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

I, _____, declare the following statement was made freely and voluntarily without threats or promises of any kind. I also declare under the penalty of perjury of the laws of the State of Missouri the following statement is true and correct.

Date: _____

Place: _____

Officer's Signature: _____

Signature: _____

Officer's DSN: _____

Page _____ of _____



Pevely Police Department



VOLUNTARY STATEMENT CONTINUATION

NAME: _____

CASE #: _____

Lined area for writing the statement continuation.

READ BEFORE SIGNING

THE MAKING OF A FALSE DECLARATION FOR THE PURPOSE OF MISLEADING A PUBLIC SERVANT IN THE PERFORMANCE OF HIS DUTIES, IS A VIOLATION OF STATE LAW 575.060.

POLICE OFFICER

DECLARANT

DATE _____

TIME _____ AM / PM