Snohomish County Sheriff's Office
Statement Form

Case # _____ - _____

Statement of: Last Name: _____First: _____ Middle: _____

DOB: _____ Race: _____ Hispanic: Y / N Sex: _____ Hgt: _____ Wgt: _____ Eye: _____ Hair: _____

Home Address: _____ City: _____ Zip: _____

P. O. Box Number: _____ City: _____ Zip: _____

Employer: _____ City: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address:_____ Contact Phone: _____
(Established Family Member or Friend)

Place statement taken (City): _____ Date: _____Time: _____

Statement:

I HAVE READ EACH PAGE OF THIS STATEMENT CONSISTING OF _____ PAGE(S).
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE ENTIRE STATEMENT IS TRUE AND CORRECT. _____(initial)

Signature: _____ Deputy: _____#_____ 1 of ___

SH-217 Rev. 2/2014