HAMILTON COUNTY SHERIFF'S DEPARTMENT

FORM II-03

WITNESS STATEMENT

IA #

I, _____ of _____
[Print Name] [Address – Print]

City _____ State _____ Zip _____ Phone _____

do hereby make the following STATEMENT: _____

I do hereby certify that the statement included on this page, or in these _____ pages, is the truth to the best of my / our recollection.

SIGN: _____ WITNESS _____

DATE: _____ TIME: _____

Page _____ of _____ Pages