VOLUNTARY STATEMENT

REPORT # _____ PAGE ____ OF ____

I, _____, volunteer the following information of my own free will, for whatever purposes it may serve:

Date of Birth: _____ Social Security #: _____ Phone #: _____

Home Address: _____
(Street) (City) (State) (ZIP)

Employer/School Name: _____ Phone #: _____

Employer/School Address: _____
(Street) (City) (State) (ZIP)

STATEMENT: _____

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I have read each page of this statement consisting of _____ page(s). Each page bears my signature, and corrections, if any, bears my initials. I certify that the facts contained herein are true and correct to the best of my knowledge. I am aware that any false statement made herein is a crime punishable under Section 575.060, RSMo.

SIGNED: _____ DATE: _____ TIME: _____

WITNESS: _____ WITNESS: _____