New Holstein Police Department
Voluntary Statement Form

Page: ___

Date:_____ Place:_____

Time Statement Started _____ AM _____ PM

I, the undersigned,_____
address, _____
phone number, _____, being ____ years of age, date of birth _____,
do hereby make the following statement to the New Holstein Police Department.

Witnesses

_____ _____
(Signature of person giving voluntary statement)

Time Statement Finished _____ AM _____ PM Date _____