

# West Long Branch Police Department



## Witness Statement Form

Case # \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

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Signed: \_\_\_\_\_

### Affirmation

I acknowledge that this statement is being given voluntarily, of my own free will and accord, without any threats or promises, knowing that what I say may be used against me in a court of law. \_\_\_\_\_ (Initials required)

Page \_\_\_\_ of \_\_\_\_