Santa Clara Public Safety Department

Director, Robert Hansen
Law Enforcement
Deputy Director, Ken Campbell
Fire/Medical
Deputy Chief, Dennis Raban

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VOLUNTARY STATEMENT

CASE NUMBER	NAME (LAST, FIRST, MIDDLE)			DOB	
ADDRESS ROUTE, BOX, ETC.	CITY	STATE	ZIP CODE	PHONE DAY: NIGHT:	
DRIVERS LICENSE NUMBER	LICENSE STATE			SOCIAL SECURITY NUMBER	
AGE	SEX M/F	RACE	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR

Read carefully: I hereby certify all statements made are true and correct to the best of my knowledge. Additionally, I understand this statement may be used at a Preliminary Hearing. ***If I make false statements which I do not believe to be true, I will be subject to criminal penalty.*** I have read this statement consisting of____ page(s) and the facts contained therein are true and correct to the best of my knowledge.

WITNESS TO SIGNATURE **SIGNATURE OF PERSON GIVING STATEMENT**