

OFFICE OF THE SHERIFF
GALLATIN COUNTY, MONTANA
615 South 16th, Bozeman, MT 59715
(406) 582-2100, Fax (406) 582-2126

Case Number: _____

WRITTEN STATEMENT

Date: _____ Time: _____ AM/PM Location: _____
Full Name: _____ DOB: _____ SSN: _____
Street Address: _____ City/State: _____ Zip: _____
Mail Address: _____ City/State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Pager: _____ Misc. Phone: _____
Employer: _____ Work Phone: _____ Fax: _____
Work Address: _____ City/State: _____ Zip: _____
Other Persons Involved:
1) Name: _____ Address: _____ Phone: _____
2) Name: _____ Address: _____ Phone: _____
3) Name: _____ Address: _____ Phone: _____
4) Name: _____ Address: _____ Phone: _____

I am making this voluntary statement to the Gallatin County Sheriff's Office of my own free will. I understand that I am not being questioned or accused of any criminal acts in reference to the information which I am about to give. I further understand that this statement may be used by the Gallatin County Sheriff's Office as part of an investigation or by the Gallatin County Attorney in a court of law, if necessary.

Signature: _____ Date: _____

WRITTEN STATEMENT

I have read this statement consisting of _____ page(s) and have signed each page. I affirm that all facts/statements contained within are true and correct.

Signature: _____ Date: _____ Time: _____ AM/PM

Receiving Officer: _____ Badge #: _____ Page _____ of _____

WRITTEN STATEMENT CONTINUATION SHEET

Case Number: _____

Signature: _____ Date: _____ Time: _____ AM/PM
Page ____ of ____