

VOLUNTARY NON-CUSTODIAL STATEMENT FORM

Statement Given By: _____ D.O.B.: ____ / ____ / ____
Last Name First Name M.I. Mo. Dy. Yr.

Residential Address: _____
Street Home # () - -
City State Zip Work # () - -

Mailing Address: _____
(if different than above) P.O. Box/Etc. City State Zip Cell # () - -

Interview Location: _____ Date: ____ / ____ Time: _____

The following statement is given voluntarily and is true and accurate to the best of my ability. I give the following statement knowing that I will be committing a crime if I know it is false, and consequently, I could be arrested, convicted, fined, and/or imprisoned in accordance with **NH RSA 641:3, Unsworn Falsification.**

I have read, or have been read, the foregoing warning and my signature indicates my understanding thereof.

Signature: _____ Date: _____ Witness: _____

Multiple horizontal lines for writing the statement.