



Atkinson Police Department



27 Academy Avenue

Atkinson, New Hampshire 03811

Bus. (603) 362-4001

Fax (603) 362-4785

Timothy J. Crowley
Chief of Police

Case No. _____

Page ___ of ___

Voluntary Statement Form

| | |
|---------------------|-----------------------|
| Name: _____ | Address: _____ |
| DOB: _____ | City/State/Zip: _____ |
| SSN: _____ | Home Tel. No. _____ |
| Work Tel. No. _____ | Cell Tel. No. _____ |

I, _____, do hereby give the following statement to _____ of the Atkinson Police Department. I make this statement of my own free will and accord, knowing full well this statement may be used in a court of law. No promises or threats have been made to me. I understand that false written statements made herein are punishable pursuant to RSA 641:3, Unsworn Falsification.

Signature: _____
Date: _____

Witness: _____
Date: _____