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|  STATEMENTState Form 46642 (R / 7-95) / CS 0001 |

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| **Name of facility**      |
| Name      | Title / Classification      |
| Address (number and street, city, state, ZIP code)      |
| Telephone number (work)           | Department / Extension      | Telephone number (home)      |
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| I further state that I have read this entire statement, consisting of       pages, made by me, without threat or coercion and have initialed all pages and corrections. I affirm that this statement is true and correct as written. |
| Printed name of person making statement | Signature of person making statement | Date (month, day year) |
| **WITNESS** |
| Printed name of witness | Signature of witness | Date (month, day, year) |
| **PERSON TAKING STATEMENT** |
| Printed name of person taking statement | **Signature of person taking statement** | **Date (month, day, year)** |