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| STATEMENT  State 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)** | |