

ORLANDO POLICE DEPARTMENT

Case No:

Statement

Please fill out in full detail

Date of Statement:	Month:	Day:	Year:	Time:					
Offense:									
Date of Offense:	Month	Day	Year	Time	Suspect (last, first, middle):				
Location of Offense:								District:	
Person Code:	Name (last, first, middle):				Age:	DOB:	Race:	Sex:	
	Address Res.:				Zip:		Phone		
	Address Bus.:				Zip:		Phone		
Type of ID shown:					ID# if applicable:				
I, _____ do hereby voluntarily make the following statement without threat, coercion, offer of benefit, or favor by any persons whomsoever.									
<div>Sworn to and subscribed before me, this ____ day of _____, _____. Notary Public <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Name Key <input type="text"/> <i>Personally Known</i> <input type="checkbox"/> <i>Produced Identification</i> <input type="checkbox"/> <i>Type</i> _____</div>					<div>I swear/affirm the above and/or attached statements are correct and true. Signature: _____</div>				
<div>My signature below means that I refuse to prosecute the person(s) named above for the alleged crime(s) that occurred to me or to the property under my control. Signature _____ Date _____ <small>(Departmental policy prohibits use of this section in domestic violence cases.)</small></div>					Victim's Rights Booklet provided? Yes <input type="checkbox"/> No <input type="checkbox"/>				
					I will testify in court and prosecute criminally.				Initials:
					Miranda Warning Read? Yes <input type="checkbox"/> No <input type="checkbox"/>		Page ____ of ____		

White: State Attorney Yellow: Records Pink: Investigator Green: Victim