Lincoln County Sheriff's Office Voluntary Statement

111 W B St. Suite S, Shoshone, ID. 83352 • (208) 886-2250

Sheriff R. King

Deputy Name/Badge #: _____

Case Number: _____

Date: _____ Time: _____ ☐ AM ☐ PM Type of Incident: _____

Name: _____ DOB: _____

Telephone: Main: _____ Driver's License #: _____

Home Address: _____

Mailing Address (If Different): _____

Incident Location(If Different): _____

Email Address:_____

Email Address:_____

Please describe to the best of your ability what you saw, heard, or know of this incident in full detail:

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I am of sound mind and am not under the influence of Alcohol and or Drugs. I am making my statement to a Lincoln County Sheriff's Deputy. I have been advised of and understand my rights. I am willing to make a statement and answer questions without a lawyer present. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me for my statement. This statement is true a factual to the best of my Knowledge. Please use back or more pages if necessary.

Please use the back or more pages if necessary

Page ____ of ____ pages. Date: _____ Signature: _____

I have read this statement and the facts contained therein are true and correct to the best of my knowledge.

Revised 05/2019

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Page ____ of ____ pages. Date: _____ Signature: _____

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