



1201 Broad St., P.O. Box 286, Milliken, CO 80543 • 970-587-2772 • Fax: 970-587-8522

VOLUNTARY STATEMENT

CASE NUMBER: _____ Page 1 of _____

NAME: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____ P.O. Box: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ - _____ WORK PHONE: (____) _____ - _____

SOCIAL SECURITY No: _____ - _____ - _____ DRIVERS LICENSE No/STATE: _____

Multiple horizontal lines for writing the statement.

Dated this _____ day of _____ 20____

Signature

