

# Collinsville Police Department

101 North Main  
Collinsville, TX 76233  
(903) 429-6226- voice  
(903) 429-3059- fax

## Voluntary Statement

Name (last, first, middle initial): \_\_\_\_\_ Case Number: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of incident: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_, do hereby make the following statement voluntarily and of my own free will.

Signature: \_\_\_\_\_

Witness signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Time: \_\_\_\_\_