

**HARDIN COUNTY ATTORNEY'S OFFICE
STATEMENT**

(270) 765-6726

Today's Date: _____

I, _____, make the following free and voluntary sworn statement to the Hardin County Attorney for use in any official proceedings, including but not limited to, the criminal justice system of the Commonwealth of Kentucky.

False statements are punishable by KRS Chapter 523 by up to five years of imprisonment.

I. Date & location of incident: _____

II. Please provide the following information on the person you are filing against:

Name: _____ Date of Birth/Age: _____

Address: _____ Social Security No.: _____

_____ Male _____ Female _____

How do you know this person: _____

III. Describe exactly what occurred: _____

IV. List any witnesses to these events (name and addresses): _____

V. Describe all injuries and/or damages (include costs, bills/repairs): _____

VI. Were photos of damaged property and/or injuries taken? Please provide copies or the name of the agency who took photos: _____

I have read /have had read to me the above statement consisting of this and _____ other pages, initialed each page, and hereby affirm that it is true and correct to the best of my knowledge.

AFFIANT

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public: _____ My commission expires: _____