

**UNIVERSITY OF IOWA DEPARTMENT OF PUBLIC SAFETY
WRITTEN STATEMENT**

Victim

Witness

Defendant

Case # _____

Name (Last, First, Middle)		Social Security Number		
Current Address (Street, City, State, ZIP)		Current Phone Number		
Permanent Home Address (Street, City, State, ZIP)		Permanent Home Phone Number		
Business Address		Business Phone Number		
Race	Hispanic	Sex	Date of Birth	UI Student Status
<input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No

I, _____, make this statement voluntarily to
 _____, in the presence of _____

I have written and/or read the above statement and swear it is true.

_____ _____
 Signature Date and Time

_____ This _____ day of _____, 20 _____
 Subscribed and sworn before me