VOLUNTARY WITNESS STATEMENT

STATE OF FLORIDA **DATE _____**
COUNTY OF VOLUSIA **CASE NUMBER _____**
CITY OF PORT ORANGE **PAGE NUMBER_____**

NAME: _____ _____ _____
(LAST) (FIRST) (MIDDLE)

HOME ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

EMPLOYMENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

PHONE NUMBER(S): (_____) _____ (_____)_____ (_____)_____
(CELL) (HOME) (WORK)

DRIVERS LICENSE NUMBER: _____
(STATE) (NUMBER)

DATE OF BIRTH: _____ SEX: _____ RACE: _____
(MALE / FEMALE)

BEFORE ME, THE UNDERSIGNED AUTHOURITY, PERSONALLY APPEARED (NAME LISED ABOVE), WHO BEING DULY SWORN, DEPOSES AND SAYS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____**(CONTINUE ON BACK IF NECESSARY)**

Sworn to (or affirmed) and subscribed before me, the undersigned authority,
in the physical presence of the affiant,
this _____day of _____, _____(year)

Notary Public_____
_____
(Print, Type, or Stamp Commissioned Name of Notary Public)
or
Law Enforcement Officer _____

- ☐ Personally Known
- ☐ Produced Identification, Type _____

I SWEAR ALL INFORMATION PROVIDED IN THE ABOVE AFFIDAVIT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____.
(SIGNATURE OF AFFIANT)

AFFIDAVIT CONTINUATION
CASE NUMBER: _____
PAGE NUMBER: _____ OF _____

Sworn to (or affirmed) and subscribed before me, the undersigned authority, in the physical presence of the affiant,
this _____day of _____, _____(year)

Notary Public_____
_____
(Print, Type, or Stamp Commissioned Name of Notary Public)
or
Law Enforcement Officer _____

- ☐ Personally Known
- ☐ Produced Identification, Type _____

I SWEAR ALL INFORMATION PROVIDED IN THE ABOVE AFFIDAVIT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____.
(SIGNATURE OF AFFIANT)