

# BELLEVUE MARSHAL'S OFFICE



115 E Pine Street  
P. O. Box 825 Bellevue, ID 83313  
Phone: (208) 788-3692 | Fax: (208) 788-8526

Statement Form			
CASE NUMBER:		OFFICER:	
Victim(s)			
Suspect(s):			
Witness(es):			
Victim(s) Information			
Name:			
Cell Phone:	Work Phone:	Home Phone:	
Street Address:	City:	State:	Zip Code:
P.O. Box:	City:	State:	Zip Code:
E-mail Address:			
Date of Birth (mm/dd/yyyy):		Last Four Digits of Social Security Number:	
Parent's Name (If Juvenile Statement):			
Location of Incident:		Date of Incident:	
Narrative			
<b>I certify (or declare) under penalty of perjury pursuant to the law of the State of Idaho the foregoing is true and correct. PROVIDING FALSE INFORMATION MAY RESULT IN CRIMINAL CHARGES UNDER IDAHO CODE § 18-705.</b>			
Signature:		Date:	

**Narrative Continued**

**I certify (or declare) under penalty of perjury pursuant to the law of the State of Idaho the foregoing is true and correct. PROVIDING FALSE INFORMATION MAY RESULT IN CRIMINAL CHARGES UNDER IDAHO CODE § 18-705.**

Signature:

Date: