



## Stephens County Sheriff's Office

### Statement Form

Case #

Date:

Time:

Name:

Address:

Date of Birth:

City:

ST:

Zip:

Drivers license:

Social Security #:

Mobile Phone:

Work Phone:

Directions to Residence:

Statement of Facts: (Please use the supplement form if you need to add additional)

I affirm and attest the above information is true and correct. I understand that I am signing this document under the penalties of perjury as described in Oklahoma State Statute Title 21 ss. 491.

Sign:

Date:



**Supplemental Statement Form**  
**Statement of Facts Continued**