

Kane County Sheriffs' Office

971 E. Kaneplex Dr. Kanab, UT 84741 Phone # (435) 644-4916 Fax # (435) 644-2096 Sheriff Tracy Glover



Today's Date:	Date of incident:	Type of inc	cident:	
Location where incident occurred:				
Full Name:	_Date of Birth:			
Address:	City	State	Zip Code	
Daytime phone:	Evening phone:			

WITNESS STATEMENT FOR USE AT PRELIMINARY EXAMINATION

I understand that pursuant to Rule 1102, Utah rules of Evidence and Section 76-8-504.5, Utah Code Annotated, the statements I am about to make in this document may be presented to a magistrate or a judge in lieu of my sworn testimony at preliminary hearing. <u>I also understand that any false statement I make and that I do not believe to be true may subject me to criminal punishment as a "Class A Misdemeanor".</u>

I understand the above statement

Sign and Date

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	Statement continued for KANE COUNTY SHERIFF OFFICE					
Name:	1	Today's date:				
Is this a tru	e and accurate statement?					
	ke this statement without any threats or promises?					
Dia you ila	ke this sutement without any threats of profilises.					
Sign	Date	Deputy Signature	Date			
	Deputy, who is acting within the scope of his/her off	icial duties may administer oath pi	insuant to Coue 55-15-115, Utan			
Code Anno	tated.					

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