



Washington County Sheriff's Office and Purgatory Correctional Facility

750 South 5300 West ~ Hurricane, UT 84737
(435) 656-6500 ~ Fax (435) 656-6500

Name: _____ Date of Birth: _____ Age: _____ Race: _____ Sex: M F
Phone (Numbers and Types): _____
Address: _____ City: _____ State: _____ Zip: _____
Drivers License and State: _____ Employer: _____
Incident Date: _____ Incident Location: _____

READ CAREFULLY: I hereby certify that all statements made in this statement are true and correct to the best of my knowledge. I understand that this statement may be used at a preliminary hearing. If I make a false statement which I do not believe to be true, I will be subject to criminal penalty.

STATEMENT

Signature: /s/: _____ Date: _____
Full Legal Name Date