



# SWORN AFFIDAVIT

Location of Incident:

Date of Incident:

Time of Incident:

\_\_\_\_\_

I, \_\_\_\_\_, affirm that the statement I have given to the Civilian Office of Police Accountability, and any allegations that I have made, are true.

\_\_\_\_\_  
(Signature of person making statement)

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Date)

**State of Illinois**  
**County of Cook**

Signed and affirmed to before me on \_\_\_\_\_ by \_\_\_\_\_  
(Date) (Name of Affiant)

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_

Attachment No.: \_\_\_\_\_

Log No.: \_\_\_\_\_