



CIVILIAN OFFICE OF POLICE ACCOUNTABILITY
INTEGRITY • TRANSPARENCY • INDEPENDENCE • TIMELINESS

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.: _____