C.R.S.T. Law Enforcement Department
P.O. Box 590 Eagle Butte S.D. 57625
Phone (605) 964-4567
Fax (605) 964-1023

Criminal Complaint/Legal Affidavit

I, _____, being first duly sworn to oath, affirm: that I am the Affiant in this case and that the statement below is True & Correct to the best of my knowledge and belief.

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Signature DOB Date/Time

_____ _____
Address Phone

_____ _____
Officer Receiving Date

I hereby certify that the facts stated herein this statement are true and correct to the best of my knowledge and belief, are read each page of this statement which consists of ____ pages. Each page has my signature, and initials by any corrections.