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

STATEMENT/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 of each page of this statement which consists of _____pages. Each page has my signature, and initials by any corrections.