

Huerfano County Sheriff's Office 500 S. Albert Walsenburg, CO 81089 ORI CO0280000 Witness Statement



Name:	Address:		D.O.B.:	
City:	State:	Zip:	Phone:	
I make the follow promises made or in	ving statement of my c mplied to induce me to	own free will with no make this stateme	force or threats used agains ent.	t me and no
Signature:			Date:	



Huerfano County Sheriff's Office 500 S. Albert Walsenburg, CO 81089 ORI CO0280000 Witness Statement Continuation



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Signature:	Data
oignature	Date: