

**SWORN AFFIDAVIT FOR LOG NUMBER INVESTIGATION**  
CHICAGO POLICE DEPARTMENT

STATE OF ILLINOIS     )  
                                  )     CC  
COUNTY OF COOK     )

Location of Incident	Date	Time
----------------------	------	------

Summary of Statement(s):

I, \_\_\_\_\_ hereby state as follows:

1. I have read the above summary and/or attached statement(s) in its entirety, reviewed it for accuracy and been given an opportunity to make corrections and additions to the statement(s).
2. Under penalties as provided by law pursuant to 735 ILCS 5/1-109, I certify that the information set forth in the statement(s) above and/or attached summary are true and correct, except as to any matters therein stated to be on information and belief as to such matters, I certify as aforesaid that I verily believe the same to be true.

\_\_\_\_\_  
Print Affiant's Name

\_\_\_\_\_  
Print Witness' Name

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**INVESTIGATOR USE ONLY**

**COMPLETE THIS SECTION ONLY WHEN THE SWORN AFFIDAVIT HAS NOT BEEN SIGNED.**

A Sworn Affidavit has not been signed for this investigation under the following circumstances:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> NO AFFIDAVIT<br>- NO CONTACT | <input type="checkbox"/> NO AFFIDAVIT<br>- REFUSED | <input type="checkbox"/> NO AFFIDAVIT<br>- NO COOPERATION | <input type="checkbox"/> NO AFFIDAVIT<br>REQUIRED |
|---|--|---|---|

# DECLARACIÓN JURADA DEL REGISTRO DE QUEJA

Departamento de Policía de Chicago

Estado de Illinois )  
                          ) cc  
Condado de Cook   )

Dirección del Declarante	Fecha	Tiempo
--------------------------	-------	--------

Resumen de Declaraciones:

Yo, \_\_\_\_\_ por este medio indico lo siguiente:

1. He leído el resumen de mis declaraciones en su totalidad, he revisado el contenido con exactitud y he tenido la oportunidad de hacer correcciones o adiciones a mi declaración.
2. Bajo penas proporcionados como conforme a la ley 735 ILCS 5/1-109, certifico que la información en mi declaración son verdaderas y correctas, excepto en cuanto a cualquier asunto donde indicé ser información y creencia cuanto a tales asuntos, como previamente mencionado, yo certifico que creo lo mismo ser verdad.

\_\_\_\_\_  
Nombre del Declarante Deletreado

\_\_\_\_\_  
Nombre de Testigo Deletreado

\_\_\_\_\_  
Firma de Declarante

\_\_\_\_\_  
Firma de Testigo

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Fecha

### INVESTIGATOR USE ONLY

#### COMPLETE THIS SECTION ONLY WHEN THE SWORN AFFIDAVIT HAS NOT BEEN SIGNED.

A Sworn Affidavit has not been signed for this investigation under the following circumstances:

NO AFFIDAVIT  
- NO CONTACT

NO AFFIDAVIT  
- REFUSED

NO AFFIDAVIT  
- NO COOPERATION

NO AFFIDAVIT  
REQUIRED