

LAW ENFORCEMENT
WITNESS INFORMATION FORM

NAME: _____ DATE: _____

PHONE #S: HOME: _____
WORK: _____
CELL: _____
EMAIL: _____

EDUCATIONAL BACKGROUND:
(LIST ALL SCHOOLS ATTENDED AND YEAR ATTENDED)

LAW ENFORCEMENT BACKGROUND:

(STARTING WITH CURRENT AGENCY, LIST RANK AND START DATE & LIST ALL OTHER LAW ENFORCEMENT POSITIONS/EMPLOYMENT DATES)

**LIST ALL SCHOOLS OR SPECIALIZED TRAINING/CERTIFICATION
ATTENDED/RECEIVED RELATING TO LAW ENFORCEMENT:**

Are you currently certified in Standardized Field Sobriety Testing/HGN? (Yes/No)

If Yes, were you so certified on _____?
(Offense Date)

OTHER SPECIALIZED TRAINING OR CERTIFICATIONS:
