STATE OF NEVADA
GAMING CONTROL BOARD

VOLUNTARY STATEMENT

OFFICIAL USE ONLY	
CASE #	
CASE TYPE	
DATE OCCURRED	TIME OCCURRED
ID #	

NAME (LAST / FIRST / MIDDLE)						DATE OF BIRTH	SOCIAL SECURITY #
RACE	SEX	HEIGHT	WEIGHT	HAIR	EYES	HOME # ( )	

RESIDENCE ADDRESS (NUMBER & STREET)	CITY	STATE	ZIP CODE
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE

EMPLOYER	OCCUPATION	WORK #	WORK SCHDL.	DAYS OFF

I DO HEREBY MAKE THE FOLLOWING VOLUNTARY STATEMENT ON _____ AT _____ AM/PM
MONTH DAY YEAR

I HAVE REVIEWED THIS STATEMENT OF _____PAGE(S) AND BELIEVE IT TO BE TRUE AND ACCURATE TO THE BEST OF MY RECOLLECTION.

_____ WITNESS

_____ SIGNATURE

PAGE OF PAGES

_____ DATE

ENF-12 (REV. 01-07)

THIS COMPLETED FORM IS THE PROPERTY OF THE STATE OF NEVADA GAMING CONTROL BOARD PURSUANT TO NRS 463.120, AND MAY NOT BE DISTRIBUTED WITHOUT THE PERMISSION OF THE NEVADA GAMING CONTROL BOARD, OR ITS AUTHORIZED AGENTS, OR BY ORDER OF A COURT OF COMPETENT JURISDICTION