



NEVADA GAMING CONTROL BOARD

VOLUNTARY STATEMENT

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

NAME (LAST / FIRST / MIDDLE):						DATE OF BIRTH:	SOCIAL SECURITY #:	EMAIL ADDRESS:		
RACE:	SEX:	HEIGHT:	WEIGHT:	HAIR:	EYES:	HOME # (W/AREA CODE): (    )		CELL# (W/AREA CODE):		
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

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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