

DEPOSITION OF WITNESS
TO ACCOMPANY COMPLAINT OR INFORMATION
SECTION 100.20 CPL

LAKE PLACID POLICE DEPARTMENT

STATE OF NEW YORK)
COUNTY OF ESSEX) SS.
VILLAGE OF LAKE PLACID)

DEPONENT

Address _____, New York, age _____ years, Occupation of
_____ states as follows :

Notice : False statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

*Sworn to before me this _____ day
of _____, 20__

Signature

Title

Signature of Deponent

Address : Street or Rural Route

City, State, & Zip Code

Note : This form need to be sworn only if court specifically requires oath.

