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 :

_____
_____
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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.