

PROBABLE CAUSE STATEMENT FORM

Date: _____

Report Number: _____

I, _____
(Name and identify law enforcement officer, or person having information as to probable cause.)

knowing that false statements on this form are punishable by law, state that the facts contained herein are true.

1. I have probable cause to believe that on _____ **, at** _____ **in**
(Date) *(Address)*

_____, **Clay County, Missouri,** _____
(City) *(Name of Offender(s))*

(Description of Identity) **committed one or more criminal offense(s).**

[Insert the criminal offenses(s) that you have probable cause to believe that his offender committed here. Delete this instruction in this bracket before you submit this form.]

2. The facts supporting this belief are as follows:

[Insert the facts here as to why the law enforcement officer signing this probably cause statement has probably cause to believe this offender committed the listed offense(s) here. Delete this instruction in this bracket before you submit this form.]

Printed Name: _____

Signature: _____