THIRD PARTY STATEMENT



IN RE: THE PROT	ECTIVE CUSTODY OF:	
l,		(name),
the undersigned,	state that on the	day
of	(month), 20(year), at (time of day).
l observed		(name)
at		(location
in		County, Oklahoma
do the following (describe activity or incident pe	ersonally observed):
alcohol or drug d Any false stateme	ependent to a degree that imn	that this person has a mental illness or is nediate emergency action is necessary. Derson upon whose statement the officer
Printed Name:		
Address:		
City:	State:	Zip:

