	swo	ORN STATEMENT		
PRIVACY ACT STATEMENT PRINCIPAL PURPOSE: To document statements and activities involving South Carolina Military Department (SCMD) personnel, and to allow SCMD officials to maintain discipline, law and order through investigation of complaints and incidents.				
1. LOCATION		2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
5. LAST NAME, FIRST NA	AME, MIDDLE NAME	6. SCEIS PERSON	NEL NUMBER	7. CLASS CODE
8. ORGANIZATION OR A	DDRESS			
9. I,		, WANT TO MAKE	THE FOLLOWING STATI	EMENT UNDER OATH:
10. EXHIBIT	11. INITIALS OF P	PERSON MAKING STATEM	ENT PAGE 1 OF	PAGES
ADDITIONAL PAGES MU	 IST CONTAIN THE HEADING "STATEME	ENT OF TAK	 EN AT DATE	=D"
THE BOTTOM OF EACH MUST BE INDICATED.	ADDITIONAL PAGE MUST BEAR THE	INITIALS OF THE PERSON	N MAKING THE STATEM	ENT, AND PAGE NUMBER

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.			
STATEMENT OF	TAKEN AT		
9. STATEMENT (Continued)			
INITIALS OF PERSON MAKING STATEMENT		1	
INTERIOR INTERIOR INTERIOR STATEMENT		PAGE	OF PAGES

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.				
STATEMENT OF	_ TAKEN AT	DATED		
9. STATEMENT (Continued)				
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INITIALS OF PERSON MAKING STATEMENT		PAGE	OF	PAGES

STA	TEMENT OF	TAKEN AT	_ DATED
9.	STATEMENT (Continued)		
AFFADAVIT			
I,, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME.			
THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE			
STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.			
עואט	WITHOUT GOLIGION, ONLAWI OF INITIOL, OR UND	AVII OL INDOOLIVILINT.	
		(Signature of Pe	erson Making the Statement)
INIT	ALS OF PERSON MAKING STATEMENT		PAGE OF PAGES