

**IMMIGRATION CUSTOMS AND ENFORCEMENT (ICE)
CRIMINAL INVESTIGATION DECLARATION**

Date: _____

Inmate: _____

DOB: _____

**CERTIFICATION OF CRIMINAL
INVESTIGATION**

By signing this form, you are certifying, under penalty of perjury under the laws of the United States and the State of Washington, that the purpose of your interview of the above-named inmate is to conduct a criminal investigation.

AGENT NAME (PRINTED)_____
TITLE_____
SIGNATURE_____
DATE and PLACE_____
JAIL SUPERVISOR SIGNATURE_____
BADGE # / DATE