



HOOD COUNTY SHERIFF'S OFFICE VOLUNTARY STATEMENT

CASE # _____

FULL NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____ DATE _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

DL NUMBER _____ SOCIAL SECURITY NUMBER _____

Before answering any questions or making any statements, _____, a person who identified himself or herself as a Hood County Deputy, duly warned and advised me, and I know and understand that I have the following rights:

- 1. I HAVE THE RIGHT TO REMAIN SILENT AND NOT MAKE ANY STATEMENT AT ALL AND ANY STATEMENT I MAKE MAY BE USED AGAINST ME AT MY TRIAL.**
- 2. ANY STATEMENT I MAKE MAY BE USED AS EVIDENCE AGAINST ME IN COURT.**
- 3. I HAVE THE RIGHT TO HAVE A LAWYER PRESENT TO ADVISE ME PRIOR TO AND DURING ANY QUESTIONING.**
- 4. IF I AM UNABLE TO EMPLOY A LAWYER, THAT I HAVE THE RIGHT TO HAVE A LAWYER APPOINTED TO ADVISE ME PRIOR TO AND DURING ANY QUESTIONING.**
- 5. I HAVE THE RIGHT TO TERMINATE THE INTERVIEW AT ANY TIME.**

Fully understanding my rights, I hereby knowingly, intelligently and voluntarily waive my right to remain silent, and my right to have a lawyer present while I make the following statement to the aforesaid person, knowing that I have the right and privilege to terminate any interview at any time hereafter and have a lawyer present with me before answering any more questions or making any more statements, if I choose to do so.

I declare that the following voluntary statement is made of my own free will without promise of hope or reward, without fear or threat of physical harm, without coercion, favor or offer of favor, without leniency or offer of leniency, by any person or persons whomsoever.

I have read each page of this statement consisting of _____ page(s), each page of which bears my signature, and corrections if any, bear my initials, and I certify that the facts contained herein are true and correct. I further certify that I made no request for the advice or presence of a lawyer before or during any part of this statement, nor at any time before it was finished did I request that this statement be stopped. I also declare that I was not told or prompted what to say in this statement.

TIME COMPLETED _____ DATE COMPLETED _____

WITNESS: _____

Signature of person giving voluntary statement

WITNESS: _____



**HOOD COUNTY SHERIFF'S OFFICE
VOLUNTARY STATEMENT**

Page ____ of ____

CASE # _____

Multiple horizontal lines for writing the voluntary statement.

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WITNESS: _____

Signature of person giving voluntary statement

WITNESS: _____



**HOOD COUNTY SHERIFF'S OFFICE
VOLUNTARY STATEMENT
(CONTINUATION)**

Page ____ of ____

CASE # _____

Lined area for writing the statement.

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TIME COMPLETED _____ DATE COMPLETED _____

WITNESS: _____

Signature of person giving voluntary statement

WITNESS: _____