**Odessa Police Department Statement Form**

|  |  |
| --- | --- |
| Name (Last, First, Middle) | Case Number |
| Address | Date and Time of Statement |
| CityOdessa | StateWA | Zip99159 | Date and Time of Incident |
| Home Phone | Cell Phone | Other |
|  |  |
| Place of Work | Driver’s License Number |
| Address | Date of Birth |
| Work Phone | Work Cell | Other |  |
| Location of Incident |
|  |
| **CONSTITUTIONAL RIGHTS** |
| 1. You have the right to remain silent. (\_\_\_\_\_\_)
2. Anything you say can and will be used against you in a court of law. (\_\_\_\_\_\_)
	1. If you are under the age of 18, anything you say can be used against you in a juvenile court prosecution for a juvenile offense and can also be used against you in an adult court criminal prosecution, if you are to be tried as an adult. (\_\_\_\_\_\_)
3. You have the right at this time to talk to a lawyer and have him present with you while you are being questioned. (\_\_\_\_\_\_)
4. If you cannot afford to hire an attorney, one will be appointed to represent you before any questioning if you wish. (\_\_\_\_\_\_)
5. You can decide at any time to exercise these rights and not answer any questions or make any statements. (\_\_\_\_\_\_)
 |
| **I have read, or have had read to me, the above explanation of my constitutional rights.** |
| Signature | Witness | Date and Time |
| **Understanding my Constitutional rights, I have decided not to exercise these right at this time. any statements made by me are made freely, voluntarily and without threats or promises of any kind.** |
| Signature | Witness | Date and Time |
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| I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct to the best of my knowledge and belief. |
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|  |  |  |  |  |  |
| Signature |  | Date & Time |  | Location |  |
|  |  |  |  |  |
| Officer Signature |  | Badge Number |  | Page | 1 | of |  |  |

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| I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct to the best of my knowledge and belief.  |
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|  |  |  |  |  |  |
| Signature |  | Date & Time |  | Location |  |
|  |  |  |  |  |
| Officer Signature |  | Badge Number |  | Page |  | of |  |  |