**Odessa Police Department Statement Form**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (Last, First, Middle) | | | | | Case Number | | | | | | |
| Address | | | | | Date and Time of Statement | | | | | | |
| City  Odessa | State  WA | | Zip  99159 | | 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 | | | | | | | | | | | |
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| **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 | | | | | | |
|  | | | | | | | | | | | | |
| 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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| Name (Last, First, Middle) | | | Case Number | | | | | | | | |
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| Signature |  | Date & Time | |  | Location | | | | |  | |
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| Officer Signature |  | Badge Number | |  | | Page |  | of |  |  | |