

Dispatch: 814-765-1533

Fax: 814-375-2702

duboispolice.com

VOLUNTARY STATEMENT

Date :	Time :	Incident #	
Ι,		, DOB :, who has identified	, am giving this statement to himself as a <u>DuBois City Police Officer</u> , and e right to remain silent and not make any
statement at all; used as evidence any questioning	that any statement I make against me in court; that; that if I am unable to er	te may be used against me at r at I have the right to have a lav	ny trial; that any statement I make may be vyer present to advise me prior to and during at to have a lawyer appointed to advise me
waive the above my own free wi	explained rights and I d	o make the following voluntar	knowingly, intelligently, and voluntarily ry statement to the aforementioned persons of vors, and without compulsion or persuasion by
,			
			each page of which bears my contained herein are true and
Signature of 1	person making volun	tary statement	
Signature of C	Officer		
Witness			