

Deputy DSN# _____

Case Number: _____

**STONE COUNTY SHERIFF'S OFFICE
VOLUNTARY STATEMENT FORM**

DATE: _____

Name _____ DOB _____ SOC: _____

Address: _____ City: _____ Zip _____

Home Phone: _____ Cell Phone: _____ Message Phone: _____

Work Phone: _____ Other Phone: _____ Email: _____

I am giving this statement to _____ I.D. _____ who has identified himself and duly warned me that I have the following rights: that I have the right to remain silent and not make any statement at all: that any statement I make may be used against me at my trial: that any statement I make may be used as evidence against me in court: that I have the right to have a lawyer present to advise me prior to and during any questionings: that if I am unable to employ a lawyer, I have the right to have a lawyer appointed to advise me prior and during any questioning and that I have the right to terminate the interview at any time.

Prior to and during the making of this statement, I have and do hereby knowingly, intelligently, and voluntarily waive the above explained rights and I do make the following statement to the aforementioned person of my own free will and without any promises or offers favors, and without compulsion by any person or persons whomsoever:

I have read this statement consisting of _____ page(s), each page of which bears my signature, and I do affirm that all facts and statements contained herein are true and correct.

Signature of person making voluntary statement

The above warnings were given by and this voluntary statement was taken by:

Witness

(This must be the same deputy as named above)

