

**LITTLETON POLICE DEPARTMENT**  
**WRITTEN STATEMENT FORM**

CASE NO. \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

I, (state your name) \_\_\_\_\_ give the following voluntary written statement  
to, \_\_\_\_\_ who has identified himself as a member of the \_\_\_\_\_ Police

Department. I am aware of and understand the following:

1. I have the right to remain silent
2. Anything I say can and will be used against me in a court of law
3. I have the right to talk to a lawyer before any questioning and to have one with me during questioning
4. If I cannot afford a lawyer, one will be appointed for me; and
5. If I decide to answer questions now without my lawyer present, I still have the right to stop answering at any time

**PLEASE INCLUDE THE FOLLOWING INFORMATION**

DOB \_\_\_\_\_  
SSN \_\_\_\_\_  
HOME PH# \_\_\_\_\_  
CELL PH# \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
EMPLOYER PH# \_\_\_\_\_  
EMAIL \_\_\_\_\_  
HOME ADD \_\_\_\_\_  
\_\_\_\_\_

**I UNDERSTAND THAT MAKING A FALSE STATEMENT ON THIS FORM MAY RESULT IN CRIMINAL PROSECUTION**

Signature: \_\_\_\_\_