

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: _____