PEMBROKE POLICE DEPARTMENT
247 PEMBROKE STREET
PEMBROKE, NH 03275
Police Dispatch: 603.485.3421

VOLUNTARY STATEMENT

CASE#_____

NAME:_____ DOB:_____TELE #:_____
ADDRESS: _____
STATEMENT GIVEN ON: (date) _____(time)_____(place)
_____

I, _____GIVE THE FOLLOWING VOLUNTARY STATEMENT TO (Officer)_____ WHO HAS IDENTIFIED HIM/HER SELF AS A MEMBER OF THE PEMBROKE POLICE DEPARTMENT. I UNDERSTAND THAT ANY FALSE INFORMATION PROVIDED ON THIS FORM IS A CRIME AND IS PUNISHABLE BY LAW UNDER THE PROVISIONS OF NH RSA 641:3 AND/OR NH RSA 641:4. HE / SHE HAS ADVISED ME OF 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 for advice 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.

WAIVER

1. Do you understand each of these rights?_____
2. Understanding these rights, are you willing to answer questions? _____

Signature: _____