LANCASTER POLICE DEPARTMENT
25 MAIN STREET
LANCASTER, NH 03584

VOLUNTARY STATEMENT FORM

Name:_____Date of Birth_____Case #:_____

Street Address: _____Phone #:_____

City/Town: _____State:_____Zip:_____Date_____

I give the following statement to _____who has identified himself as a police officer. I am aware I have the right to remain silent. Anything I say can and will be used against me in a civil or criminal proceeding. I have the right to talk to a lawyer and have him/her present with me while I am being questioned. If I cannot afford a lawyer, one will be appointed to me before any questioning, if I wish. If I decide to answer questions now, without a lawyer present, I will still have the right to stop answering questions at any time and request a lawyer.

Sign X: _____Date: _____Page _____ of _____

I understand and acknowledge that the above is accurate and true and that the making of a false statement herein is punishable as a misdemeanor.

Signed X: _____ Date: _____ Page____/____

I understand and acknowledge that the above is accurate and true and that the making of a false statement herein is punishable as a misdemeanor.