RONAN POLICE DEPARTMENT
109 2nd Ave. S.W.
Ronan, MT 59864

VOLUNTARY STATEMENT

DATE OF STATEMENT:_____ **TIME OF STATEMENT:**_____

NAME:_____ **DATE OF BIRTH:**_____
(Please Print)

ADDRESS:_____ **PHONE:**_____

CITY:_____ **STATE:**_____ **ZIP:**_____

Witness

Signature of Person Giving Statement

WHITE: Law Enforcement YELLOW: Signee **Please Use Supplemental Statement Form if Additional Space is Needed**

8/15 *Mission Valley Printing*

VOLUNTARY STATEMENT

DATE_____ TIME_____M. PLACE_____

I,_____, am _____years old and I live at_____

_____

I am giving this statement to_____ I.D._____, who has identified

himself as_____
and he has 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 questioning and that I have the right to terminate the interview at any time.

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

_____

_____

_____

_____

_____

_____

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_____

_____

_____

_____

_____

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 the voluntary statement

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

_____ _____
Witness (This must be one and the same person as named above)