Balsam Lake-Centuria Police Department

404 Main Street, P.O. Box 506
Balsam Lake, WI 54810

Eric R Jorgensen
Chief of Police

(715) 485-3544 – Office (715) 553-1695 – Cell (715) 485-9522 – Fax

VOLUNTARY STATEMENT

CASE#:_____ **OFFICER NAME: _____**

NAME:_____/_____/_____ PRIMARY PHONE #:_____
First M.I. Last

ADDRESS:_____

SEX:_____ AGE:_____ DATE OF BIRTH:_____ SECONDARY PHONE #:_____

The statement you are about to make may be presented to a judge in lieu of your sworn testimony in any court proceedings. Any false statement you make and that you do not believe to be true may subject you to criminal prosecution. By signing this form, you acknowledge understanding of the preceding and confirm that no threats or coercion of any kind have been made to you by the Balsam Lake-Centuria Police Department.

I understand that; I have the right to remain silent. Anything I say can and will be used against me in a court of law. I have the right to consult with a lawyer before questioning and to have a lawyer present with me during questioning. If I cannot afford to hire a lawyer, one will be appointed to represent me at public expense before or during any questioning if I so wish. If I decide to answer questions now without a lawyer present, I have the right to stop the questioning and remain silent at any time I wish, and the right to ask for and have a lawyer at any time I wish, including during the questioning.

I do not want to talk to a lawyer, and I hereby knowingly and purposely waive my right to the advice and presence of a lawyer before and during any questioning or at any time before or while I voluntarily make the following statement, knowing that anything I say can and will be used against me in a court or courts of law.

I read this information_____ I can read and understand English? ____YES ____NO
Signature

NARRATIVE:

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___ On said date, my property was stolen, damaged, or entered without my consent or permission.

___ On said date, I did receive physical or verbal harassment without my consent or permission.

___ On said date, I was physically hurt and did receive pain without my consent or permission.

Statement Giver's Signature:_____ Date:_____