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|--|--|------------------------------------|--|---------------------|------------|
| STATEMENT OF SUSPECT/WITNESS/COMPLAINANT | | | | SUSPECT | |
| | | | | WITNESS/COMPLAINANT | |
| PRIVACY ACT STATEMENT | | | | | |
| <p>AUTHORITY: 10 U.S.C. 8013; 44 U.S.C. 3101; and EO 9397</p> <p>PRINCIPAL PURPOSES: Used to record information and details of criminal activity which may require investigative action by commanders, supervisors, security police, AFOSI special agents, etc.; and to provide information to appropriate individuals within DoD organizations who ensure proper legal and administrative action is taken.</p> <p>ROUTINE USES: Information may be disclosed to local, county, state, and federal law enforcement/investigative authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.</p> <p>DISCLOSURE IS VOLUNTARY: SSN is used to positively identify the individual making the statement.</p> | | | | | |
| I. STATEMENT INFORMATION | | | | | |
| DATE (YYYYMMDD) | TIME | LOCATION AND (Bldg/Room No) | UNIT TAKING | REPEAT (If known) | |
| | | | | OFFENSE | |
| | | | | COMPLAINT | |
| II. PERSONAL IDENTIFICATION (Print or Type) | | | | | |
| NAME (Last, First, Middle Initial) | | SSN | STATUS/GRADE | | |
| LOCAL ADDRESS (Include Zip Code) | | DATE AND PLACE OF (If required) | TELEPHONE | | |
| | | | HOME | DUTY | |
| PERMANENT ADDRESS OR HOME OF RECORD (Include Zip Code) | | MILITARY | DEROS | | |
| SPONSOR | | | | | |
| NAME (Last, First, Middle Initial) | | GRADE | SSN | ORGANIZATION | DUTY PHONE |
| | | | | | |
| III. ACKNOWLEDGEMENT OF OFFENSES AND 5TH AMENDMENT/ARTICLE 31 RIGHTS ADVISEMENT (Suspect Only) | | | | | |
| I have been advised that I am suspected of the following offenses: | | | | | |
| | | | | | |
| ADVISED (Full Name and Rank) | | | INDIVIDUAL IDENTIFIED HIMSELF/HERSELF AS (SF, special agent, etc.) | | |
| | | | | | |
| SUSPECT INITIALS | and advised me that I have the following rights according to the 5th Amendment of the U.S. Constitution/Article 31 of the Uniform Code of Military Justice. | | | | |
| | I have the right to remain silent - that is to say nothing at | | | | |
| | Any statement I make, oral or written, may be used as evidence against me in a trial or in other judicial, non-judicial, or administrative proceedings. | | | | |
| | I have the right to consult with a lawyer. | | | | |
| | I have the right to have a lawyer present during this | | | | |
| | I may obtain a civilian lawyer of my own choice at no expense to the government. | | | | |
| | I may request a lawyer any time during this interview. | | | | |
| | If I decide to answer questions with or without a lawyer present, I may stop the questioning at any time. | | | | |
| | MILITARY ONLY: If I want a military lawyer, one will be appointed for me free of charge. | | | | |
| | CIVILIANS ONLY: If I cannot afford a lawyer and want one, a lawyer will be appointed for me by civilian authorities. | | | | |
| | | | | | |
| SUSPECT INITIALS | I have read my rights as listed above and I fully understand my rights. No promises, threats, or inducements of any kind have been made to me. No pressure or coercion has been used against me. | | | | |
| | I make the following choice. (Initial One) | | | | |
| | I do not want a lawyer. I am willing to answer questions or make a statement or both, about the offense(s) under | | | | |
| | I do not want a lawyer and I do not wish to make a statement or answer any questions. | | | | |
| | I want a lawyer. I will not make any statement or answer any questions until I talk to a lawyer. | | | | |
| I fully understand my rights and that my signature does not constitute an admission of guilt. | | | | | |
| SIGNATURE OF | | | SIGNATURE OF | | |
| | | | | | |

IV. STATEMENT**V. OATH/SIGNATURE**

"I hereby voluntarily and of my own free will make this statement without having been subjected to any coercion, unlawful influence, or unlawful inducement. I swear (or affirm) I have read this statement, initialed all pages and corrections, and it is true and correct to the best of my knowledge."

SIGNATURE OF PERSON MAKING

SIGNATURE OF

*Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day
of _____, _____ (year).*

SIGNATURE OF PERSON ADMINISTERING OATH

VI. INSTRUCTIONS FOR CONTINUATION PAGE(S)

Use plain bond paper (both sides optional). At the top right of each page, print or type "(Last name of individual making the Statement) on (Date)." At the bottom of each page, print or type: "Page ____ of ____ Pages." The individual must initial the top and bottom entries and sign his/her name at the bottom of each page.