



STATEMENT FORM WITH RIGHTS

Case#: _____

Dodge County Sheriff's Office
124 West St
Juneau, WI 53039-1055
Phone (920)386-3726 Fax (920)386-3742

Statement Of:

Name: (First/Middle/Last) _____ Date of Birth: ___/___/___ Gender: M F

Home Address: _____ City: _____ State: _____ Zip: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone _____ Other: _____

Email Address: _____

I have been duly warned and advised by _____, a person who has identified himself/herself as _____ that I do not have to make any statement at all, nor answer any questions or do anything that might tend to go against me or incriminate me in any manner, and that any statement I make, can and will be used against me on the trial or trials for the offense or offenses concerning which the following statement is herein made. I was also warned and advised of my right to the advice and presence of a lawyer of my own choice before or at any time during my questioning or statement I make, and if I am not able to hire a lawyer, I may request and have a lawyer appointed for me, by the proper authority, without cost or charge to me.

I do not wish 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 to the aforesaid person, knowing that anything I say can and will be used against me in a court or courts of law.

I declare that the following voluntary statement is made to the aforesaid person of my own free will without promise of hope or reward, without fear or threat of physical harm, without coercion, favor or offer of favor, without leniency or offer of leniency, by any person of persons whosoever.

Are you a victim? Yes No

As a victim, do you consent to your information to be released to:

- Governmental entities (other law enforcement, public health, etc.)
- PAVE
- Open records requests

I have read this statement consisting of _____ page (s), and I certify that the facts contained therein are true and correct. I further certify that I made no request for the advice or presence of a lawyer before or during any part of this statement, nor at any time before it was finished did I request that this statement be stopped. I also declare that I was not told or prompted what to say in this statement. This statement was completed at _____ .M. on _____ (date).

Witnessed By: _____

Signature of person providing the statement _____ Date _____



STATEMENT FORM WITH RIGHTS (Cont.) Case#: _____

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Statement Of:

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Are you a victim? Yes No

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- Open records requests

Witnessed By: _____

Signature of person providing the statement _____ Date _____

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DOSO 103B (07/20)