Lancaster Police Department
25 Main St
Lancaster, NH 03584

Jonathan Woodworth
Chief of Police

Phone (603)788-4402
Fax (603)788-4659

Name:_____ Date of Birth: _____Case #:_____

Street Address: _____Phone #: _____

Email: _____

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.