

SPRINGDALE FIRE DEPARTMENT

Fire Prevention Division

Miranda Rights Form

INCIDENT NUMBER: _____

DATE: _____

INCIDENT DATE: _____

TIME: _____

TIME OF INCIDENT: _____

INCIDENT LOCATION: _____

Before we ask you any questions you must understand your rights.

1. Do you understand that you have the right to remain silent? _____

2. Do you understand that anything you say can and will be used against you in court? _____

3. Do you understand that you have the right to talk to an attorney for advice before we ask you any questions and to have an attorney with you during questioning? _____

4. Do you understand that if you cannot afford an attorney one will be appointed to you by the court without cost or charge to you before questioning? _____

5. Do you understand that if you decide to answer questions or to make a statement you will still have the right to stop answering questions or make a statement at anytime? _____

Having been advised of my rights under Miranda as listed above, I would like to answer questions and/or give a statement without an attorney present.

Having been advised of my rights under Miranda as listed above, I do not wish to answer questions and/or give a statement without an attorney present.

SIGNED: _____

DATE: _____

PRINTED NAME: _____

PHONE #: _____

DRIVERS LICENSE #: _____

SS #: _____

ADDRESS: _____

DOB: _____

CITY: _____

STATE: _____ ZIP: _____

WITNESS: _____

DATE: _____

WITNESS: _____

DATE: _____