

Long County Sheriff's Office
6 E. Academy Street
P.O. Box 368
Ludowici, Georgia 31316
Phone Number: (912) 545-2118



VOLUNTARY STATEMENT

STATEMENT GIVER'S INFORMATION

NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____ CITY: _____
STATE: _____ ZIP CODE: _____ PHONE NUMBER: _____

THE FOLLOWING STATEMENT IS GIVEN WHILE: UNDER ARREST NOT UNDER ARREST

This statement was started on the ____ day of _____, _____ at _____ Hours.

I have been advised by _____, whom has identified himself as _____ who is employed with the Long County Sheriff's Office. I understand that, I do not have to make any statement, nor answer any questions, or do anything that may act negatively against me or incriminate me in any manner. I understand at anytime, as I make this statement I can stop and refuse to continue. I hereby make the following statement of my own free will. (Initials)____

This statement consists of ____ page(s), each page bears my signature, initial, and corrections, if any. I certify that the facts herein are true and correct. I further certify that at no time before or during this statement, that I made no request for a lawyer. My signature below confirms that I completed this statement and did not request for this statement to be stopped, nor was I told or prompted on what to write in this statement.

This statement was completed on the ____ day of _____, _____ at _____ Hours.

WITNESS 1: (Print Name)

(Initials)

SIGNATURE OF PERSON GIVING STATEMENT

WITNESS 2: (Print Name)

(Initials)

LAW ENFORCEMENT: (Print Name)

Badge Number