# Lisbon Police Department

## 300 Lisbon Road, Lisbon, ME 04250

*(Suspect/ Victim/Witness Statement) (207) 353-2500*

LPD Incident #_____ Investigating Officer_____ Date of Statement_____

Statement of: _____ Date of Birth: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Employer: _____

I, _____, do make the following statement to a Law enforcement Officer regarding a possible criminal matter. I understand that:

☐ Making any false statement (s) is considered unsworn falsification, a violation of Title 17-A M.R.S.A. § 453, a class D crime.

☐ I am under arrest or am being charged with a criminal offense and have been informed of the following warnings: 1.) I have the absolute right to remain silent. 2.) Anything I say can and will be used against me in a court of law. 3.) I have the absolute right to the advice of a lawyer before any questioning and to the presence of a lawyer here with me during questioning. 4.) If I cannot afford a lawyer, one will be furnished to me free before any questioning if I desire. 5.) If I decide to answer questions now, with or without a lawyer present, I have the right to stop answering at any time or stop answering at anytime until I can talk to a lawyer._____ (initials).

Statement:_____

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(More room on back)

Signature: _____ Date: _____

Witness: _____ Date: _____