

OTTAWA COUNTY SHERIFF'S OFFICE  
315 Madison Street  
Port Clinton OH 43452



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## MIRANDA WARNING AND WAIVER

PLACE:	CR NO:
DATE:	TIME:

### YOUR RIGHTS

1. YOU HAVE THE RIGHT TO REMAIN SILENT.	
2. ANYTHING YOU SAY CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW.	
3. YOU HAVE THE RIGHT TO TALK TO A LAWYER AND HAVE HIM PRESENT WITH YOU WHILE YOU ARE BEING QUESTIONED.	
4. IF YOU CANNOT AFFORD TO HIRE A LAWYER, ONE WILL BE APPOINTED TO REPRESENT YOU BEFORE ANY QUESTIONING IF YOU WISH.	
5. YOU CAN DECIDE AT ANY TIME TO EXERCISE THESE RIGHTS AND NOT ANSWER ANY QUESTIONS OR MAKE ANY STATEMENTS.	

### WAIVER OF RIGHTS

I HAVE READ THIS STATEMENT OF MY RIGHTS, AND I UNDERSTAND WHAT MY RIGHTS ARE. I AM WILLING TO MAKE A STATEMENT AND ANSWER QUESTIONS. I DO NOT WANT A LAWYER AT THIS TIME. I UNDERSTAND AND KNOW WHAT I AM DOING. NO PROMISES OR THREATS HAVE BEEN MADE TO ME, AND NO PRESSURE OR COERCION OF ANY KIND HAS BEEN USED AGAINST ME.

WITNESS:	SIGNED:
WITNESS:	NAME:
DATE:	ADDRESS:
TIME:	
CAN YOU READ AND WRITE?	PHONE NUMBER:
HIGHEST GRADE COMPLETED IN SCHOOL:	SSN: