

RIGHTS WARNING PROCEDURE / WAIVER CERTIFICATE

The proponent agency for this form is DCSPER.

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g).
 PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
 ROUTINE USES: Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.
 DISCLOSURE: Disclosure of your Social Security Number is voluntary.

| | | | | |
|----------------------------|--|------|------|----------------|
| LOCATION | | DATE | TIME | FILE NUMBER |
| NAME (Last, First, Middle) | | SSN | | GRADE / STATUS |
| ORGANIZATION OR ADDRESS | | | | |

RIGHTS WAIVER CERTIFICATE

RIGHTS

The investigator whose name appears below told me that he is with the Ohio Military Reserve _____
 _____ and wanted to question me about the following offense(s) of which I am suspected/accused:

Before he asked me any questions about the offense(s), however, he made it clear to me that I have the following rights:

1. I do not have to answer any questions or say anything.
2. Anything I say or do can be used as evidence against me in a criminal trial.
3. *(For personnel subject to the OCMJ)* I have a right to talk to a lawyer before or after questioning or have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for, and if necessary, I pay for, or a military lawyer will be detailed for me at no expense to me. Also, I may ask for a military lawyer of my choice by name and he will be detailed for me if his superiors determine that he is reasonably available.
3. *(For civilians not subject to the OCMJ)* I have a right to talk to a lawyer before or after questioning or have a lawyer present with me during questioning. If I cannot afford a lawyer and want one, arrangements will be made to obtain a lawyer for me.
4. If I am now willing to discuss the offenses(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time or speak to a lawyer before answering further, even if I sign the waiver below.

WAIVER

Understanding my rights as stated above, I am now willing to discuss the offense(s) under investigation without a lawyer being present.

WITNESSES *(If available)*:

| | |
|---|---|
| _____ <i>Name</i> | _____ <i>Signature of interviewee</i> |
| _____ <i>Organization or address and phone</i> | _____ <i>Signature of investigator</i> |
| _____ <i>Name</i> | _____ <i>Typed name of investigator</i> |
| _____ <i>Organization or address and phone</i> | _____ <i>Investigator's organization</i> |

NON-WAIVER

I do not want to give up my rights:

- I want a lawyer.
- I do not want to be questioned or say anything.

Signature of interviewee

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (OHMR FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUBJECT SUSPECT/ACCUSED.