RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE  For use of this form, see AR 190-30; the proponent agency is ODCSOPS										
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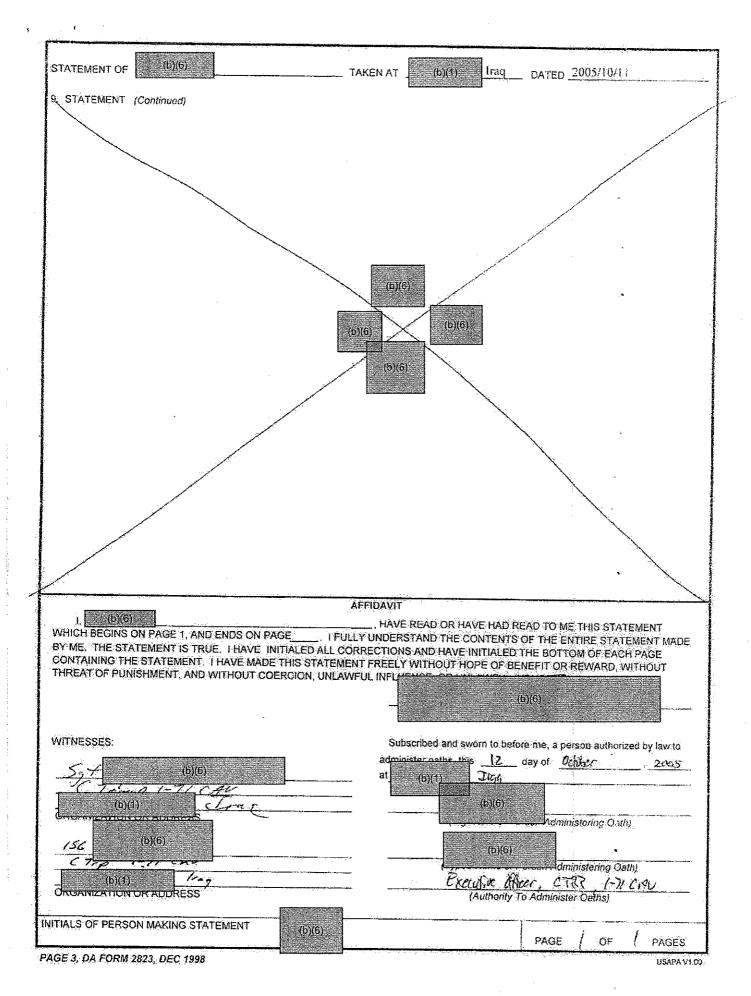
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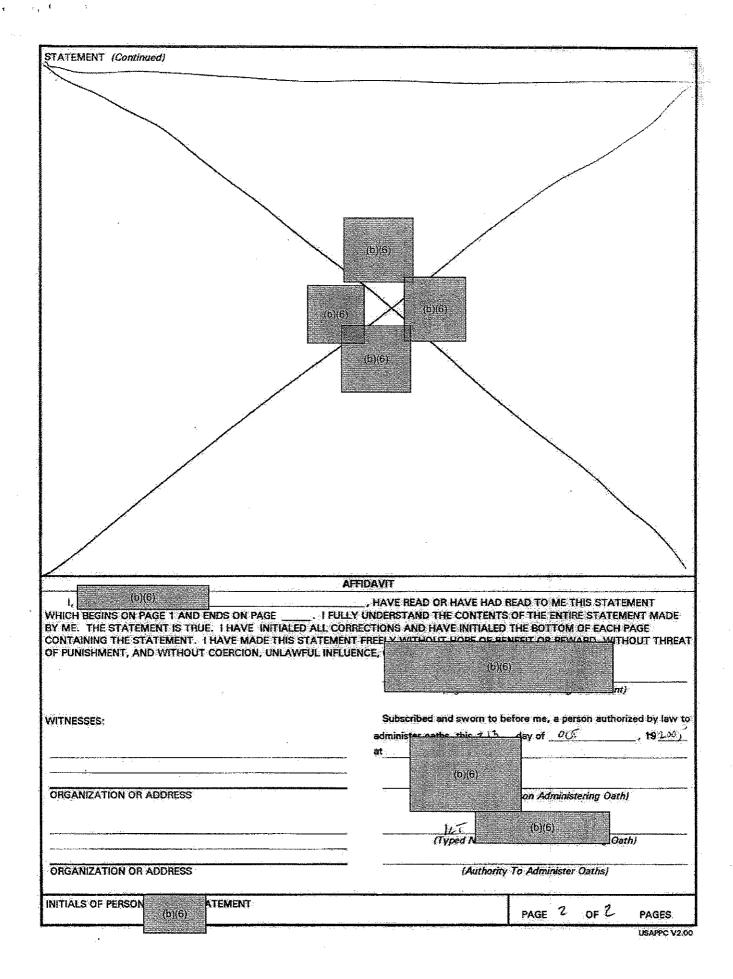
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	R/NON-WAIVER CERTIFICATE							
Section A. Rights								
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or both.  (For civilians not subject to the UCMJ). I have the right to talk privately to a me during questioning. I understand that this lawyer can be one that I arran will be appointed for me before any questioning begins.  4. If I am now willing to discuss the offense(s) under investigation, with or will speak privately with a lawyer before answering further, even if I sign the will be the content of the c	during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.  -or-  (For civilians not subject to the UCMJ). I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.							
5. COMMENTS (Continue on reverse side)								
Section B. Waiver								
I understand my rights as stated above. I am now willing to discuse the offensels without having a lawyer present with me.	s) under investigation and make a statement without talking to a lawyer first and							
WITNESSES (If available)	3.							
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b. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR  HHC 2-22-1N							
Section C. Non-waiver								
1. I do not want to give up my rights   I went a lawyer	☐ I do not want to be questioned or say anything							
2. SIGNATURE OF INTERVIEWEE								
ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT IDA FORM	2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED							

DA FORM 3881, NOV 89

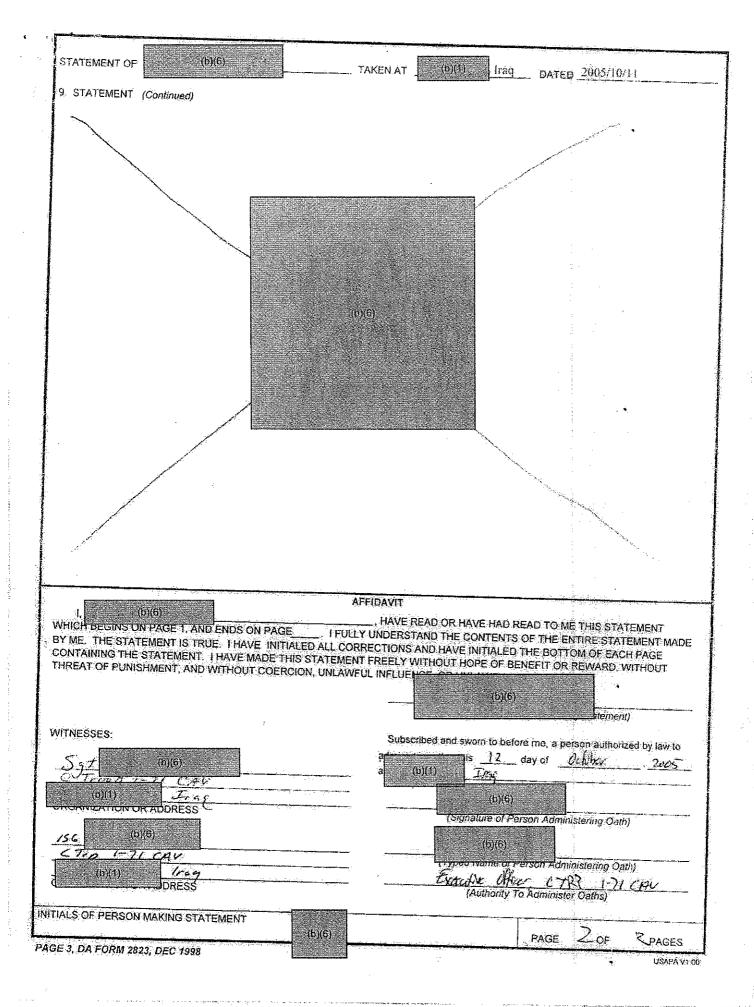
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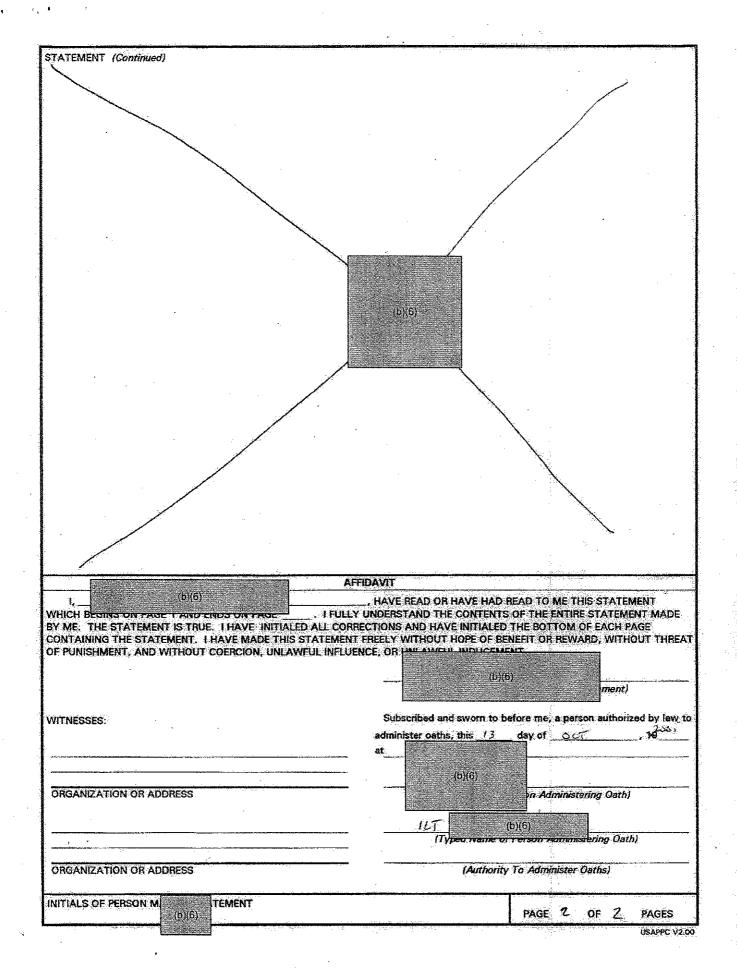
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SUPERSEDES DA FORM 2829, 1 JAN 68, WHICH WILL BE USED.



## RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE For use of this form, see AR 190-30; the proponent agency is ODCSOPS 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 NO. 13 00 03 0830 ORGANIZATION OR ADDRESS 1-71 CAV GRADE/STATUS COC / Active (b)(6)PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE Section A. Rights The investigator whose name appears believe told me that he/she is with the United States Army suspected/accused: Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights: I do not have to answer any question or say anything. 2. Anything I say or do can be used as evidence against me in a criminal trial. 3. (For personnel subject othe UCM) I have the right to talk privately to a lawyer before, during, and after quastioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lewyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both. - or -(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and went one, a lawyer will be appointed for me before any questioning begins. If I am now willing to discuss the offensels) under investigation, with or without a lawyer present. I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below. COMMENTS (Continue on reverse side) Section B. Waiver Lunderstand my rights as stated above. I am now willing to discuss the offensels) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me. WITNESSES (If available) NAME (Type or Print) ORGANIZATION OR ADDRESS AND PHONE (b)(6)NAME (Type or Print) 2a. ORGANIZATION OF INVESTIGATOR ORGANIZATION OR ADDRESS AND PHONE WHC 222 W Section C. Non-waiver I do not want to give up my rights

DA FORM 3881, NOV 89

i want a lawyer

SIGNATURE OF INTERVIEWEE

EDITION OF NOV 84 IS OBSOLETE

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

I do not want to be questioned or say anything

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