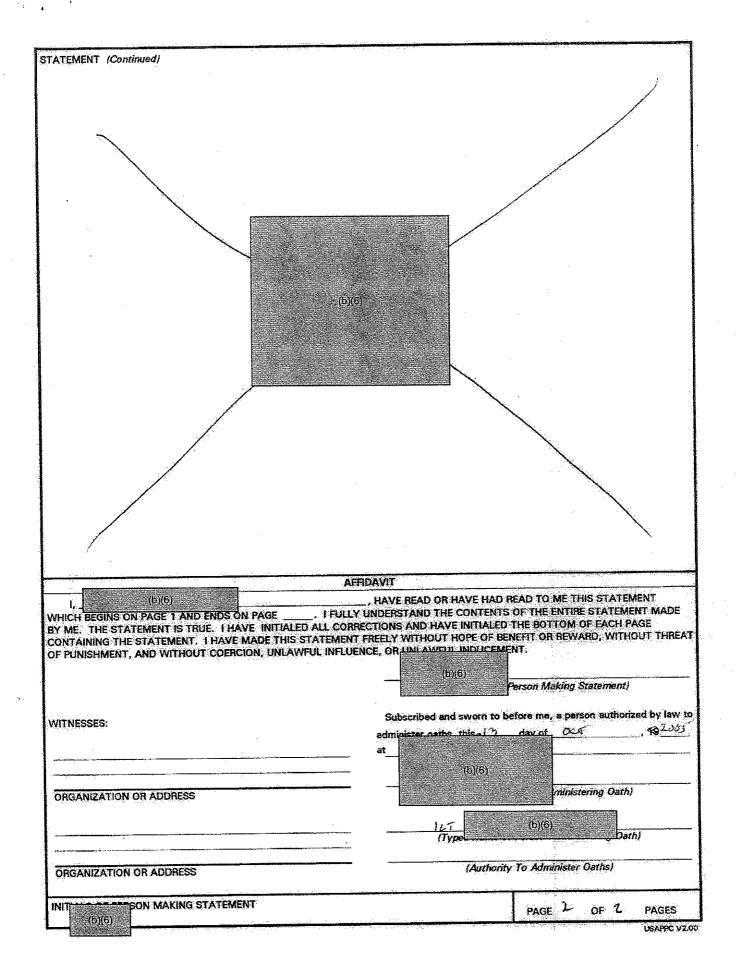
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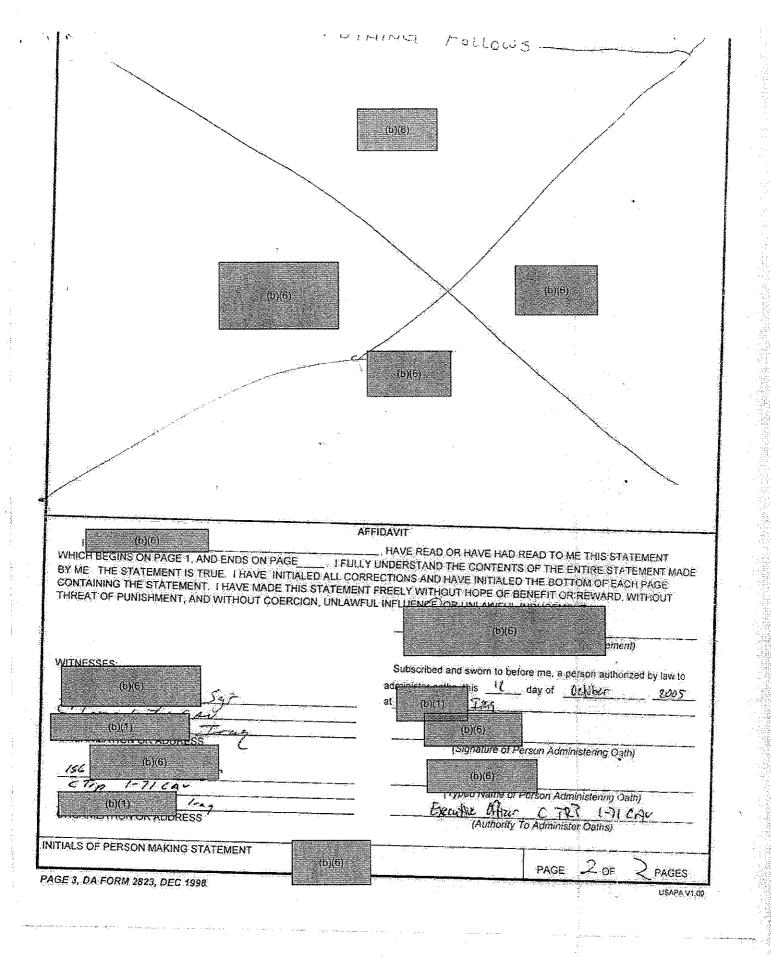
RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE For use of this form, see AR 190-30; the proponent agency is ODCSOPS DATA REQUIRED BY THE PRIVACY ACT Title 10, United States Code, Section 3012(g) AUTHORITY: To provide commanders and law enforcement officials with means by which information may be accurately identified. PRINCIPAL PURPOSE: Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval. **POUTINE USES:** Disclosure of your Social Security Number is voluntary. DISCLOSURE: DATE TIME FILE NO. LOCATION 40 0800 12 13 OCT 05 ORGANIZATION OR ADDRESS (b)(6)GRADE/STATUS 6. S/AcTIVE (b)(6)PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE Section A. Rights 1-27 The investigator whose name appears below told me that he/she is with the United States Army and wanted to question me about the following offense(s) of which I am 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: 1. I do not have to enswer any question or say anything. Anything I say or do can be used as evidence against me in a criminal trial. 3. (For personnel subject othe UCMU 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. This lewyer can be a civilian lawyer I arrange for at no expense to the Government of a military lawyer detailed for me at no expense to me, or both. - OF -(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. If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop enswering 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 I understand my rights as stated above. I am now willing to discuss the offense(s) 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 4 (b)(6)NAME (Type or Print) ORGANIZATION OF INVESTIGATOR ORGANIZATION OR ADDRESS AND PHONE HHC 2-22 IN Section C. Non-walver I do not want to give up my rights do not want to be questioned or say anything I want a lawyer SIGNATURE OF INTERVIEWEE ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

DA FORM 3881, NOV 89

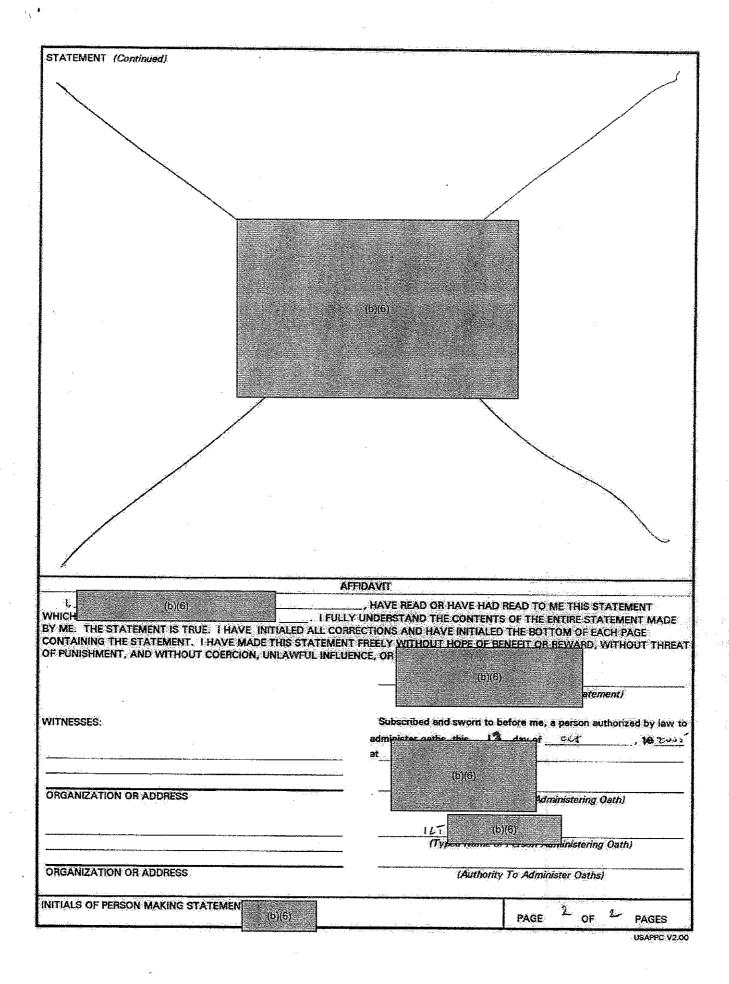
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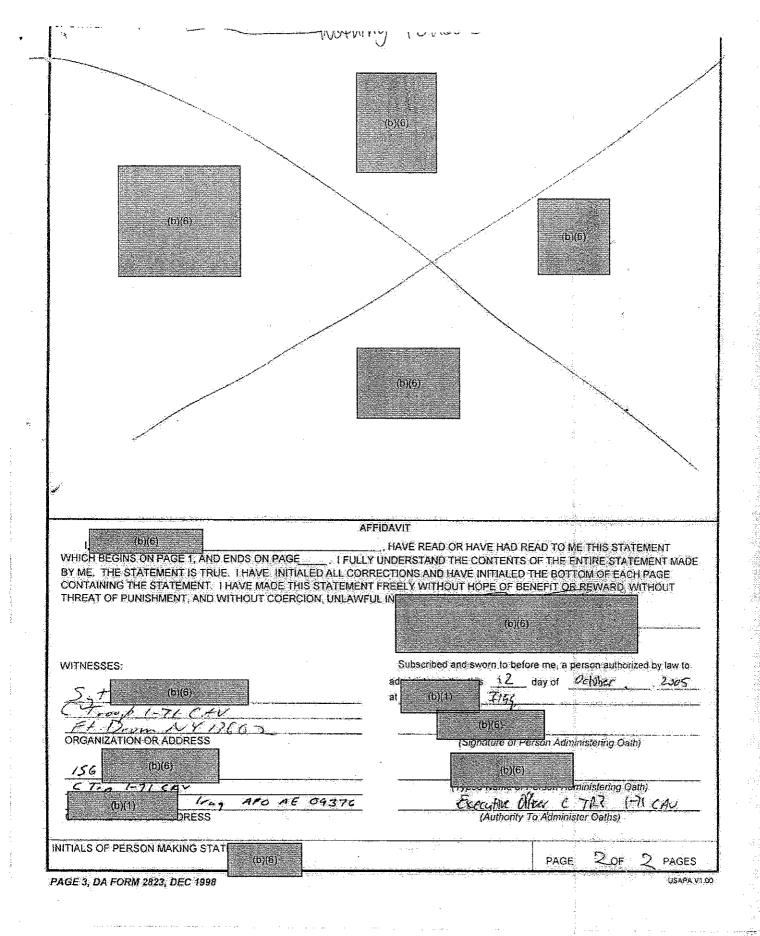


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