



CLARKSVILLE POLICE DEPARTMENT

1970 Broadway, Clarksville, Indiana 47129 • Phone (812) 288-7151 Fax (812) 283-8680
www.ClarksvillePolice.com

JUVENILE AND PARENT (Guardian or Custodian) ADVISEMENT & WAIVER OF RIGHTS

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Asst. Chief of Police

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Metropolitan Board of Fire, Police and Safety Commission

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Crime Busters

(812) 284-4636
crimebusters@clarksvillepolice.com

Drug Tip Line

(812) 283-1455
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www.ClarksvillePolice.com



DEPARTMENT FORMS\Advice\Waiver of Rights -
Juvenile.docx Created on 9-21-12 by DMA

Location _____ Date _____ Time _____
Juvenile _____ Officer _____ Clarksville Police Dept.
Dept. _____

ADVISEMENT OF RIGHTS

Before we ask you any questions, you must understand your rights:

- You have the right to remain silent.
- Anything you say can be used against you in court.
- You have the right to talk to a lawyer for advice, without anyone else, including a police officer, present before we ask you any questions and to have the attorney with you during questioning.
- A lawyer will be appointed for you before questioning if you wish.
- If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time.
- You also have the right to talk with your parent, guardian or custodian, without a police officer present, before any questioning and to have them with you during such questioning.
- Your Parent(s), Guardian(s) and/or Custodian(s) and you will be allowed time by yourselves, without a police officer present, to discuss the waiver of your rights before signing the Waiver of Rights section below.

Juvenile _____ Date _____ Time _____
Parent(s),Guardian(s),Custodian(s) _____ Date _____ Time _____
Officer _____ Date _____ Time _____

WAIVER OF RIGHTS

Waiver must be signed by Juvenile and Parent/Guardian/Custodian

I have read this statement of my rights and I understand what my rights are. I have had the chance to speak with my parent(s), guardian(s) and or custodian(s) without a police officer present. 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.

Juvenile _____ Date _____ Time _____
Officer _____ Date _____ Time _____

As parent, guardian or custodian of _____, I have read the juvenile's rights as set out above and understand them. I have had a chance to talk with the juvenile without a police officer present. Neither the juvenile nor I want a lawyer at this time and the juvenile is willing to answer questions.

Signed _____ Date _____ Time _____
Officer _____ Date _____ Time _____

"Serving and Protecting the Town of Clarksville"