



VICTIM / WITNESS STATEMENT FORM
BOISE COUNTY SHERIFF
3851 HIGHWAY 21
IDAHO CITY, ID, 83631
(PHONE) 208-392-4411

Date:	Time:	Deputy name:	Incident #
Name:	Address:	Phone#	Email:
Birth date:	Drivers license#:	Employed by (or school):	Position:

Statement

Signature _____ Date _____

Miranda Rights

___ You have the right to remain silent.

___ Anything you say can and will be used against you in a court of law.

___ You have the right to have an attorney present during questioning.

___ If you can not afford an attorney one will be provided to you by the court at no cost to you.

___ I understand my rights as read to me.

Signature _____ Date _____