

## ARTICLE 31 RIGHTS

Name: \_\_\_\_\_ Rank/Rate: \_\_\_\_\_ Activity: \_\_\_\_\_  
Unit: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

I have been advised that I may be suspected of the offense(s) of: \_\_\_\_\_ and that:

- ☐ I have the right to remain silent.
- ☐ Any statements I do make may be used as evidence against me in trial by court-martial.
- ☐ I have the right to consult with lawyer counsel prior to any questioning. This lawyer counsel may be a civilian lawyer retained by me at my own expense, a military lawyer appointed to act as my counsel without cost to me, or both.
- ☐ I have the right to have such retained civilian lawyer and/or appointed military lawyer present during this interview.
- ☐ I have the right to terminate this interview at any time.

## WAIVER OF RIGHTS

- ☐ I further certify and acknowledge that I have read the above statement of my rights and fully understand them, and that:
  - ☐ I expressly desire to waive my right to remain silent.
  - ☐ I expressly desire to make a statement.
  - ☐ I expressly do not desire to consult with either a civilian lawyer retained by me or a military lawyer appointed as my counsel without cost to me prior to questioning.
  - ☐ I expressly do not desire to have such a lawyer present with me during this interview.
  - ☐ This acknowledgment and waiver of rights is made freely and voluntarily by me, and without any promises or threats having been made to me or pressure or coercion of any kind having been used against me.

\_\_\_\_\_  
(Witness signature/date)

\_\_\_\_\_  
(Member signature/date)

Understanding my rights under U.C.M.J. Article 31, I wish to make the following statement:

\_\_\_\_\_

## **WARNING ADVISEMENT ABOUT STATEMENTS REGARDING ORIGIN OF DISEASE OR INJURY**