

CASE NUMBER: _____ DCA INTERVIEW ACKNOWLEDGEMENT FORM:

(If interview is conducted by phone, your answers may have been recorded, and the investigator noted your responses.

We want to be sure that you understand the allegations against you, and your rights and responsibilities, when we discuss a possible Disqualification Consent Agreement with you. (CHECK IF BY PHONE: ____ This interview was conducted by phone and was recorded.

Name of Individual Interviewed: _____

Date and Time of Interview: _____

Name of Staff Member Conducting Interview: _____

I DID ____ need an interpreter or assistance with reading or writing - and it was provided to me (specify what assistance/interpreter _____); or

I DID NOT ____ need an interpreter or assistance (but I know that I can always ask for assistance or an interpreter).
Initial: _____

1) I have been advised that I don't have to make any statement, or sign anything at all, but that if I do, any statement I make can and will be used against me in the trial or trials for the offense(s) outlined in the evidence I've been provided. Initial: _____

2) If I decide not to give a statement or sign a Disqualification Consent Agreement, that decision will not affect my eligibility for benefits. Initial: _____

3) I know that I have a right to talk to a lawyer about these allegations - and I can access a lawyer of my own choosing. If I can't afford a lawyer, I can call for legal assistance at _____. Initial: _____

4) I have received the evidence packet, the proposed Disqualification Consent Agreement and the Notice of Consequences of Signing the Disqualification Consent Agreement
Initial: _____

5) I understand all of the materials I have been provided, and have had the opportunity to ask any and all questions regarding the charges against me, and the consequences of signing or not signing today.

I asked questions about/stated the following: _____

Initial: _____

6) I AM signing the Disqualification Consent Agreement today of my own free will, without promise or hope of reward, without fear or threat of physical harm, without coercion, favor or offer of favor, without leniency or offer of leniency, by any person or persons whomsoever.

Initial: _____

- OR -

I am choosing NOT to sign the Disqualification Consent Agreement today of my own free will, without promise or hope of reward, without fear or threat of physical harm, without coercion, favor or offer of favor, without leniency or offer of leniency, by any person or persons.

Initial: _____

YOU WILL RECEIVE A COPY OF THIS FOR YOUR RECORDS.

Signature of Interviewed Individual: _____

Printed Name: _____