

WAIVER OF COUNSEL/REQUEST TO SECURE COUNSEL
CHICAGO POLICE DEPARTMENT

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|-----------------|-------|----------|--------------------|
| NAME OF ACCUSED | RANK | STAR NO. | UNIT OF ASSIGNMENT |
| _____ | _____ | _____ | _____ |

WAIVER OF COUNSEL

I, the undersigned, hereby acknowledge that I have received and read the charges/allegations against me and I knowingly and voluntarily wish to proceed with the hearing, examination or interrogation without having counsel of my own choosing present to advise me during this hearing, examination or interrogation.

Date-Time _____ Signature _____

REQUEST TO SECURE LEGAL COUNSEL

I, the undersigned, having been advised of my right to counsel of my own choosing at all hearings, examinations and interrogations in connection with the charges/allegations against me which have been given to me in writing and receipt of which is hereby acknowledged, elect to secure the services of counsel and agree to proceed with said hearing, examination or interrogation at

_____ hours, on _____, 20____, in Room _____

_____ Chicago, Illinois, at which time said hearing, examination or interrogation shall be commenced. By placing my signature upon this statement, I affirm my wish to secure said counsel and agree to comply with Department hearing, examination or interrogation scheduled on the date aforesaid.

Date-Time _____ Signature _____

WITNESSES

DISTRIBUTION

LOG NUMBER INVESTIGATION

Original to investigator's file.
Duplicate to affected member.

LOG NO: _____

ATTACHMENT NO. _____