

# APPENDIX 1 – 5-4

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U.S. FOOD AND DRUG ADMINISTRATION  
Office of Internal Affairs

**WARNING AND WAIVER OF RIGHTS FORM**

You must understand your rights before we ask you any questions.

1. You have the right to remain silent.
2. Any you say can be used against you in court.
3. You have the right to consult with an attorney and to have him/her present during questioning.
4. If you cannot afford an attorney, one will be appointed to represent you prior to any questioning.

I have read this statement of my rights and it has been read to me, and I understand what my rights are.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

Time \_\_\_\_\_

**Waiver**

I do not want an attorney at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or force of any kind has been used against me. I hereby voluntarily and intentionally waive my right to remain silent and my right to have an attorney at this time. I am willing to make a statement and answer questions.

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness



**DHHS, OFFICE OF INSPECTOR GENERAL  
OFFICE OF INVESTIGATIONS**

**WARNING AND WAIVER FORM**

YOU MUST UNDERSTAND YOUR RIGHTS BEFORE YOU ARE ASKED ANY QUESTIONS OR BEFORE YOU MAKE ANY STATEMENTS.

**WARNING**

YOU HAVE A RIGHT TO REMAIN SILENT.

ANYTHING YOU SAY CAN BE USED AGAINST YOU IN COURT.

YOU HAVE A RIGHT TO TALK TO A LAWYER FOR ADVICE BEFORE YOU ARE ASKED ANY QUESTIONS AND TO HAVE A LAWYER WITH YOU DURING QUESTIONING.

IF YOU CANNOT AFFORD A LAWYER, ONE WILL BE APPOINTED FOR YOU BEFORE ANY 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 STOP ANSWERING AT ANY TIME UNTIL YOU TALK TO A LAWYER.

**WAIVER**

I have read this statement of my rights and/or it has been read to me and I understand what my rights are. 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.

\_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Signature of Interviewee

I certify that I explained the above statement of rights to \_\_\_\_\_ and that the waiver was voluntarily executed.

\_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Signature of Special Agent

\_\_\_\_\_ Signature of Witness