

AMERICAN CIVIL LIBERTIES UNION

Please Return This To:

The American Civil Liberties Union
Suite 501, 1424 16th Street, N.W.
Washington, D.C. 20036

Telephone: 483-3830

If there is not enough space for details, please use backs of pages. Add any information you think lawyers should know. List any witnesses with addresses and phone numbers. If you were not arrested please give information from personal observations as to the questions.

I. GENERAL INFORMATION.

1. Name:
2. Home address:
3. Home telephone number:
4. Local address:
5. Local telephone number:
6. We plan to use this information for lawsuits or publicity. May we (a) publish this information under your name? _____ (b) ask you to testify about it? _____ (c) use this affidavit in suits? _____
7. Are you willing to be a plaintiff in an action for relief, including expungement of arrest record and possible damages? (a) Yes _____ (b) No _____ (c) Not sure _____

II. ARREST.

8. Date, time and place of arrest:
9. Describe in detail the circumstances of your arrest, including where you were, what you were doing, where you were going, how many others were with you, etc.

10. Name and badge number of arresting officer.
11. Was a field arrest form filled out? Or were you otherwise asked for identification?
12. Describe any mistreatment or violence at time of arrest.
13. Were you informed of any charges and if so what?

III. BOOKING.

14. Date, time and place where you were "booked" or "processed."
15. Was an arrest form filled out and if so was it an 8 1/2 by 11 inch form?
16. What was the charge, time, place and arresting officer?
17. Were you fingerprinted and photographed?
18. Comments about processing:

IV. DETENTION.

19. Names and address of places where you were detained?

<u>Name</u>	<u>Address</u>	<u>Date & time of arrival</u>	<u>Date & time of departure</u>
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20. Total time from arrest to release (hours):

21. Approximate number of demonstrators in each facility:

22. Approximate size of cell or enclosure:

23. Number of people per cell or enclosure:

24. Services available (describe each and note if only part of group had access to it, or did everyone):

a. Shelter and blankets:

b. Toilets:

c. Water (how often):

d. Food (when, what, and from what source):

e. Medical attention (any specific incidents):

f. Legal counsel (when, who, where from):

g. Other relevant items (bail interview, violence, etc.):

25. Describe conditions and treatment during detention other than above:

V. FOR EACH, TELL WHEN, HOW OFTEN & WHO ALLOWED IT:

26. Were you allowed a phone call?

27. Could you see a lawyer on request?

28. Were legal proceedings that were to take place in court described to you? By whom?

29. How, where, by whom, and under what conditions or stipulations were you released?

I swear or affirm that the foregoing information is true to the best of my knowledge, information and belief:

Signature _____

Subscribed and sworn before me, a notary public in and for the District of Columbia this _____ day of _____, 19 ____:

Notary Public