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TX/RX NO 4942  
RECIPIENT ADDRESS 1010333#p14042612842  
DESTINATION ID  
ST. TIME 02/01 17:36  
TIME USE 00'29  
PAGES SENT 3  
RESULT OK



**U.S. Department of Justice**

*United States Attorney  
Northern District of Mississippi*

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February 1, 2008

**FACSIMILE TRANSMISSION  
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**TO: Tom Bever**  
**FAX #: (404) 261-2842**

**FROM: James D. Maxwell, II, Assistant U. S. Attorney**  
**FAX #: (662) 234-0657 ((Telephone - (662) 234-3351))**

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**COMMENTS:** \_\_\_\_\_  
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\*\*\*\*\*

**ADVICE OF RIGHTS**

Place \_\_\_\_\_  
Date \_\_\_\_\_  
Time \_\_\_\_\_

**YOUR RIGHTS**

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions.

You have the right to have a lawyer with you during the 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 have the right to stop answering at any time.

I have read this statement of my rights and I understand what my rights are. At this time, I am willing to answer questions without a lawyer present.

Signed \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Time: \_\_\_\_\_

CONSENT TO INTERVIEW WITH POLYGRAPH

PLACE: \_\_\_\_\_  
DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

Before we begin an examination by means of the polygraph in connection with \_\_\_\_\_

\_\_\_\_\_ you must understand your rights.

YOUR RIGHTS

You have the right to refuse to take the polygraph test.

If you agree to take the polygraph test, you have the right to stop the test at any time.

If you agree to take the polygraph test, you have the right to refuse to answer any individual questions.

WAIVER AND CONSENT

I have read this statement of my rights and I understand what my rights are. I voluntarily agree to be examined by means of the polygraph during this interview. I understand and know what I am doing. No threats or promises have been used against me to obtain my consent to the use of the polygraph. I understand that the examination room (DOES) (DOES NOT) contain an observation device and that the examination (WILL) (WILL NOT) be monitored or recorded.

SIGNED \_\_\_\_\_  
(Examinee)

\_\_\_\_\_  
(Examiner)

WITNESS: \_\_\_\_\_  
\_\_\_\_\_