

Republic of the Philippines )  
 ) S.S.

X-----X

**AFFIDAVIT OF UNDERTAKING AND WAIVER**

I, \_\_\_\_\_, of legal age, Filipino citizen, married/single, and with permanent address at \_\_\_\_\_, after being duly sworn to in accordance with law, hereby depose and state that:

1. On \_\_\_\_\_2016, I went to the \_\_\_\_\_Office \_\_\_ with office address at \_\_\_\_\_ for the purpose of subjecting myself to voluntary surrender as a \_\_\_\_\_ (pusher/user) of dangerous drugs.

2. I voluntarily acknowledged that as a \_\_\_\_\_ (pusher/user) of dangerous drugs, I have committed a crime in violation of Republic Act No. R.A. No. 9165 or the "Dangerous Drugs Act of 2002".

3. I am authorizing \_\_\_\_\_ through its Laboratory Service to take my urine sample and to conduct physical/medical examination for any purpose that it may serve the Agency.

4. I am authorizing the \_\_\_\_\_ to take my photos, fingerprints (tenprints) and any information in relation with my involvement in the proliferation of illegal drugs in \_\_\_\_\_ as well as other information known to me about my cohorts.

5. I am committing to do the following:

- a. I shall reform myself and resolve not to engage anymore in the illegal drug business;
- b. I further submit to record check and background investigation of \_\_\_\_\_ and other law enforcement units, whenever necessary to prove my truthfulness and integrity;
- c. I shall join all anti-drug activities undertaken by the municipality/city of \_\_\_\_\_;
- d. I shall report to the Office of \_\_\_\_\_ once a week for a period of six (6) months and shall subject myself to any random drug testing;
- e. I shall immediately report all drug-related information to the authorities; and
- f. I am willing to voluntarily submit myself for treatment and rehabilitation.

6. I understand and agree that my voluntary surrender and this waiver does not in any way absolve me from any criminal liability nor shall it result in the removal of my name from the list of drug personalities.

7. I hereby WAIVE any and all claims, criminal, civil, or administrative against the Agency and officers thereof, and further RELEASE and DISCHARGE them from any and all liability. Likewise, I hereby authorize \_\_\_\_\_ to utilize the result of my urine sample for any legal purpose that it may serve.

**IN WITNESS WHEREOF**, I hereby affixed my signature this \_\_\_\_day of \_\_\_\_\_20\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_

**CONFORME:** \_\_\_\_\_ (by the accompanying person)

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_day of \_\_\_\_\_2016 at \_\_\_\_\_, affiant exhibiting to me his valid identification card issued by \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_. I hereby certify that I have examined the affiant, explained to him/her the consequences of his acts, and I am satisfied that he understood the contents of this document.

\_\_\_\_\_

*(Instruction: Use the vernacular language or local dialect that the person understands. You can incorporate however the English translation of the given vernacular questions and responses following this form.)*

### **VOLUNTARY CONFESSION OF MR. X X X**

Mr. x x x, \_\_\_ years \_\_\_ old, married, resident of x x x x, who claims that he is and has been a drug user or pusher of dangerous drugs, has presented himself to surrender to this office, \_\_\_ on July \_\_, 2016. Accompanying him to this office is Barangay Captain x x x of Barangay No. x x x, Quezon City. Mr. x x x has manifest to give his voluntary confession about his direct involvement as well as the other persons he knows who are also involved and connected in the illegal drug trade.

Mr. x x x before proceeding in questioning you, I am informing you that under our new Constitution, you have the right to the following:

#### **A. You have the right to remain silent and not answer x x x my questions?**

1. Q: Do you understand your right?

A: Yes, sir.

2. Q: Are you going to use your right?

A: *Reflect the response of the person.*

*(For example: I would rather not sir because I would tell the truth as to what had happened.)*

#### **B. If you answer or say anything to my questions, it might be that I or our office might use your answers or confession against you or favorable to you.**

3. Q: Do you understand this consequence if you answer and give your confession to me?

A: Yes, sir.

4. Q: Do you want to continue to answer my questions?

A: Yes, sir.

#### **C. You have the right to avail of the services of a counsel of your choice to help you in this investigation, and if you cannot afford to hire the services of a lawyer, the government will provide you with free legal service from the PAO, or free legal services of a lawyer from the Integrated Bar of the Philippines (IBP).**

5. Q: Do you understand your right?

A: Yes, sir.

6. Q: Are you going to use your right?

A: *Reflect the response of the person.*

*(For example: I have my own lawyer, he is Atty. x x x, we already had a talk and he made me understand xxx my rights, and he also made me understand about this investigation where I will voluntarily narrate what I x x x know.*

#### **D. You can waive your rights to remain silent and to counsel of your own choice only in writing and in the presence of counsel.**

7. Q: Do you understand your right?

A: Yes, sir.

8. Q: Are you willing to waive your rights to remain silent and to counsel of your own choice in writing in this investigation?  
A: *Write the response of the person.*  
(For example: Yes, sir.)
9. Q: Do you have a counsel of your own choice to assist and advise you in waiving your rights?  
A: No need, sir.
10. Q: Do you want that our office provide you a counsel to assist and advice you?  
A: Yes sir if that is necessary.
11. Q: In the waiver of your rights, Atty. x x x, from PAO office of Quezon City, is here to explain and advise you your rights and the consequences of waiving your rights. Do you want Atty. x x x to explain and advise you?  
A: Yes, sir:
12. Q: After Atty. x x x has explained and advised your rights and the consequences of waiving your rights, did you understand his/her explanation to you?  
A: Yes, sir.
13. Q: Do you want to give your confession without the assistance of your own counsel in this investigation?  
A: *Write the response of the person.*  
(For example: Yes, sir.)
14. Q: Did anybody give you money or promise to give you a reward, or did anybody intimidate you in giving this affidavit?  
A: *Reflect the response of the person.*  
(For Example: Nobody, sir.)
15. Q: Are you willing to sign your certification together with Atty. x x x, who assisted you, to show that I and Atty. x x x have explained to you your rights and that you understood and willing to waive your rights to remain silent and to counsel of your own choice?  
A: Yes, sir.

#### CERTIFICATION

I certify that I signed this certification, in the presence of my counsel, to show that I understood my rights mentioned and explained to me by the investigator, IO2 x x x, and my own counsel, Atty. x x x, and that I have freely waived my rights in the presence of my counsel so I can continue to give my confession.

Name of Person

I certify that I have personally explained to Mr. x x x his rights and I am convinced that he understood the waiver of his rights and that he is willing to give his confession in writing in the absence of his own counsel in this investigation.

Name of Lawyer  
PAO

*(Instruction: If the person is willing to give a voluntary confession but has desired to be assisted by his own counsel, the Certification should read like this:*

*I certify that I signed this certification, in the presence of my counsel, to show that I understood my rights mentioned and explained to me by the investigator, IO2 x x x, and my own counsel, Atty. x x x, and that I have asked the assistance of Atty. x x x to be my own counsel to assist and advice me in giving my confession in this investigation.)*

Name of Affiant

*I certify that I have personally explained to Mr. x x x his rights and that he is willing to give his confession in writing and that he has asked my assistance to serve as his own counsel to assist and advise him in this investigation.*

Name of Lawyer  
PAO

16. Q: State your personal circumstances:

A:

17. Q: Are you employed?

A:

18. Q: Since when you have been employed? (or Since when you were not employed?)

A:

19. Q: Where are you employed? (or Who support you financially?)

A:

20. Q: What made you decide to surrender to our office?

A:

21. Q: What are your specific involvements in illegal drug?

A:

*(Instruction: Continue the question and answer, detailing his/her PERSONAL KNOWLEDGE of his/her (1) illegal drug activities and specific involvement, if possible with exact or approximate date or period of transactions, (2) the names and sources of his/her dangerous drugs, (3) the names of persons or "cohorts" who served as intermediaries between him/her and his/her suppliers, (4) the names of people or drug users whom he/she sold the dangerous drugs directly from him/her, or (5) with whom he/she had occasion to join in "pot session" where he/she was present, (6) location of drug den, dive and resorts he/she frequented/visited and their known owners or operators, (7) names of his/her "protectors" and "coddlers" in the government service, both "appointive" and "elective", (8) or those who "received grease money" from him/her and how much money per week or month he/she gives per head and in what particular time, week, month and year, (9) his/her bank or on-line transactions and deposits, if any, (10) the places and locations where he/she had been selling or using dangerous drug, (11) volume and price of dangerous drugs he/she sold per day, week or month, and (12) such other relevant information.*

*Note further that a "confession is not voluntary" if it contains facts and details which appear to have been supplied by the investigators themselves.)*

22. Q: I have no other questions, do you have anything to say?

A: No more sir.

23. Q: Are you willing to swear under oath and sign this voluntary confession you have given to me?

A: Yes sir.

This is to certify that I have read the foregoing statements consisting of five (5) pages of which I have initiated and signed in the presence of Atty. x x x, PAO lawyer, and I state that the foregoing are true and correct to the best of my knowledge and belief.

I have executed this voluntary confession this \_\_\_\_ day of \_\_\_\_\_, 2016 at (\_\_\_\_\_, Quezon City).

Name  
(Affiant)

*(If assisted by a counsel)*  
Assisted by counsel:

Atty. x x x  
PAO Lawyer

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 2016 at \_\_\_\_\_, Quezon City. I have personally examined the affiant and I am convinced that he voluntarily executed his voluntary confession and understood his statements.

Date: \_\_\_\_\_

### Request for Physical/Medical Examination

The duty Physician:

\_\_\_\_\_  
\_\_\_\_\_

Sir/Madam:

Respectfully request for the Physical/Medical Examination of the following person/s who voluntarily surrendered to this Office on \_\_\_\_\_ 20 \_\_\_\_:

1. \_\_\_\_\_ sex \_\_\_\_\_
2. \_\_\_\_\_ sex \_\_\_\_\_
3. \_\_\_\_\_ sex \_\_\_\_\_
4. \_\_\_\_\_ sex \_\_\_\_\_
5. \_\_\_\_\_ sex \_\_\_\_\_
6. \_\_\_\_\_ sex \_\_\_\_\_
7. \_\_\_\_\_ sex \_\_\_\_\_
8. \_\_\_\_\_ sex \_\_\_\_\_

Please furnish this Office a copy of the result for our reference.

Rest assured of our continuous support on matters of mutual interest. Thank you.

\_\_\_\_\_  
(name of requesting party)

MEMORANDUM

FOR : \_\_\_\_\_

FROM : **NAME OF REQUESTING PARTY  
(Designation)**

SUBJECT : Request for the Conduct of Drug Test

DATE :

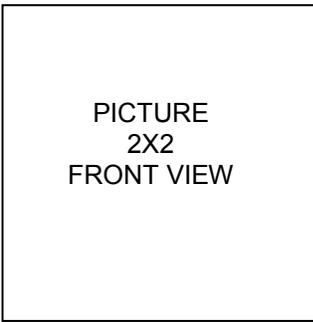
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1. Reference: \_\_\_\_\_.

2. May we request for the drug test of the following person/s who voluntarily surrendered to this Office on \_\_\_\_\_ 20 \_\_\_\_:

3. Kindly furnish us results thereof for our investigation reference.

4. Request appropriate action.



**BOOKING SHEET**

RECORD BOOK ENTRY NR: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL INFORMATION:**

\_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

ADDRESS: \_\_\_\_\_

TEL NO. \_\_\_\_\_ EMAIL: \_\_\_\_\_ POB \_\_\_\_\_ DOB \_\_\_\_\_

MARITAL STATUS:  SINGLE  WIDOW/ER  MARRIED  SEPARATED SEX:  MALE  FEMALE

AGE: \_\_\_\_\_ WEIGHT (lbs): \_\_\_\_\_ HEIGHT (Ft): \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

COMPLEXION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

RELIGION: \_\_\_\_\_ ETHNIC GROUP \_\_\_\_\_ DIALECT/LANGUAGE \_\_\_\_\_

HIGHEST EDUCATIONAL ATTAINMENT: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

LOCATION OF SCHOOL: \_\_\_\_\_

IDENTIFYING MARKS:  MOLE  TATTOO  BIRTHMARK  SCAR

LOCATION OF IDENTIFYING MARKS: \_\_\_\_\_

PHYSICAL DEFORMITY/DEFECT: \_\_\_\_\_

DRIVER'S LIC NR: \_\_\_\_\_ ISSUED AT: \_\_\_\_\_ ON: \_\_\_\_\_

RES CERT NR: \_\_\_\_\_ DATE AND PLACE OF ISSUE: \_\_\_\_\_

OTHER ID CARDS: \_\_\_\_\_ ID NR: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

**RIGHT HAND**

<b>THUMB</b>	<b>INDEX</b>	<b>MIDDLE</b>	<b>RING</b>	<b>LITTLE</b>

**LEFT HAND**

\_\_\_\_\_

NAME:

\_\_\_\_\_

(Middle) (Family) (First)

**FRONT VIEW**  
**(Half Body Shot)**  
**3R Picture Size**

**LEFT SIDE VIEW**  
**(Half Body Shot)**  
**3R Picture Size**

**RIGHT SIDE VIEW**  
**(Half Body Shot)**  
**3R Picture Size**

**FRONT VIEW**  
**(Whole Body Shot)**  
**3R Picture Size**