

TIRC WAIVER FORM

I, _____, was born on _____. I have not consumed any drugs or alcohol in the last 24 hours, other than prescription medication consisting of _____, and I am not under the influence of drugs or alcohol at the present time. I am otherwise of sound mind and body.

I have filed, or caused to be filed on my behalf a Claim of Torture with the Illinois Torture Inquiry and Relief Commission (TIRC). I am represented by counsel, _____, who is present or has stated in writing (attached to this Waiver) that she/he cannot be present. I have discussed this Waiver thoroughly with my counsel, and I am satisfied with the advice I have received. If my counsel is not present, I am comfortable proceeding in counsel's absence.

It is my understanding that the TIRC, by statute, cannot investigate my Claim if I refuse to sign this Waiver, and that is the reason I am voluntarily signing it. No promises or threats have been made to induce me to sign the Waiver, other than the fact that the TIRC will agree to investigate my Claim, in accordance with its rules and procedures. No promises have been made to me by anyone as to what the outcome of that investigation will be.

It is also my understanding that, by signing this Waiver, I am giving up my procedural safeguards and privileges, including, but not limited to, giving up my right not to incriminate myself under the United States Constitution and the Constitution of the State of Illinois, pertaining only to the offense of conviction regarding which I am claiming torture. Anything I say pertaining to that offense that might incriminate me can and will be used against me in the investigation and/or a court of law. This waiver does not apply to matters unrelated to my claim of torture.

Finally, it is my understanding that I must continue to cooperate with the TIRC throughout the investigation into my claim of torture and that, if I refuse to cooperate at any time, the TIRC may terminate the investigation. I also realize that the TIRC has no power to award any money to me for any reason.

By signing this Waiver, I acknowledge that I have read this Waiver and discussed the terms of it with my counsel, and that is my free and voluntary decision to sign it. A copy of this signed Waiver will be provided to me.

Claimant

Date

Witness

Date

(Source: Amended at 38 Ill. Reg. 19007, effective September 19, 2014)

Mail or fax completed waiver form to:

ILLINOIS TORTURE INQUIRY AND RELIEF COMMISSION, 100 W. Randolph St., #10-300, Chicago, Illinois 60601

FAX: (312) 814-5333