Personnel Demographics Summary

Name:

WOOTEN, SHOUNNETTE

People Soft ID:

01006021

SCRIBE ID:

1067464

EMAIL ID:

DOB:

09/30/1973

Home Phone Number: Cell Phone Number:

Com i mono mambon.

Work Phone Number:

478-445-6472

Work Fax Number:

478-445-2905 BLACK/FEMALE

Race/Sex:

Residence Address:

Street Address1:

Street Address2:

City:

State:

Zip Code:

Scribe Location:

BALDWIN STATE PRISON

Baldwin SP-Security Opns

Office Address:

GDC Work Location:

Street Address1:

P.O. BOX 218

HARDWICK

Street Address2:

301 LAYING FARM ROAD

State:

City:

GA

Zip Code:

31034

Personnel Type:

EMPLOYEE

Job Title:

CSM Correctional Officer 2

Post Certification Number:

Firearm Certification Date:

05/01/2014

CO 12 Month CBI Date:

Military Information

Activation Date:

Branch of Service:

Return Date:

Unit:

Military Duty Address:

Country of Deployment:

Military Phone Number:

Military Pager Number:

Military Email:

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GEORGIA DEPARTMENT OF CORRECTIONS INTERNAL INVESTIGATIONS UNIT

STATEMENT OF MIRANDA RIGHTS

- You have the right to remain silent.
- 2. Anything you say can be used against you in a court of law.
- You have the right to talk to a lawyer and have him present with you while you are being questioned.
- 4. If you cannot afford to hire 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 questioning until you talk to a lawyer.

ACKNOWLEDGE OF RIGHTS

I have read the above statement of my rights. I understand what my rights are
and I am willing to make a statement and answer questions. YUS
I invoke my rights and do not wish to make a statement.
Signature Date Date
Witness Date
TIME / /2:40
WAVIER OF RIGHTS

GEORGIA DEPARTMENT OF CORRECTIONS CRIMINAL INVESTIGATIONS UNIT SWORN STATEMENT Location of Interview, Date Time Case Number 5-17-2021 483 Last Name, First Name, Middle Name Employee Number EF/UNO Wooten Shounnette 01006021 OFC . Wooten WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: **AFFIDAVIT** HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE ____. I FULLY UNDERSTAND THE CONDITIONS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT. Subscribed and swom before me, person authorized · law administer oaths, this _____ day of ______, 20 ____, (Signature of Person Making Statement) (Signature of Person Administering Oath) My Notary Commission Expires ____ INITIALS OF PERSON MAKING STATEMENT PAGE 1 OF _ L_ PAGES