

For information and assistance regarding:

---

---

Please contact:

---

---

---

---

Doctor or diagnostician:

---

---

[faslaw@u.washington.edu](mailto:faslaw@u.washington.edu)  
<http://depts.washington.edu/fadu/legalissues/>

For information and assistance regarding:

---

---

Please contact:

---

---

---

---

Doctor or diagnostician:

---

---

[faslaw@u.washington.edu](mailto:faslaw@u.washington.edu)  
<http://depts.washington.edu/fadu/legalissues/>

For information and assistance regarding:

---

---

Please contact:

---

---

---

---

Doctor or diagnostician:

---

---

[faslaw@u.washington.edu](mailto:faslaw@u.washington.edu)  
<http://depts.washington.edu/fadu/legalissues/>

**MEDICAL INFORMATION FOR POLICE**

I have the birth defect Fetal Alcohol Syndrome/Fetal Alcohol Effects, which causes brain damage. If I need assistance, or if you need my cooperation, you should contact the person listed on the back of this card.

Because of this birth defect, I do not understand abstract concepts like legal rights. I could be persuaded to admit to acts that I did not actually commit. I am unable to knowingly waive any of my constitutional rights, including my Miranda rights.

Because of my disability, I do not wish to talk with law enforcement officials except in the presence of and after consulting with an attorney. I do not consent to any search of my person or property.

**MEDICAL INFORMATION FOR POLICE**

I have the birth defect Fetal Alcohol Syndrome/Fetal Alcohol Effects, which causes brain damage. If I need assistance, or if you need my cooperation, you should contact the person listed on the back of this card.

Because of this birth defect, I do not understand abstract concepts like legal rights. I could be persuaded to admit to acts that I did not actually commit. I am unable to knowingly waive any of my constitutional rights, including my Miranda rights.

Because of my disability, I do not wish to talk with law enforcement officials except in the presence of and after consulting with an attorney. I do not consent to any search of my person or property.

**MEDICAL INFORMATION FOR POLICE**

I have the birth defect Fetal Alcohol Syndrome/Fetal Alcohol Effects, which causes brain damage. If I need assistance, or if you need my cooperation, you should contact the person listed on the back of this card.

Because of this birth defect, I do not understand abstract concepts like legal rights. I could be persuaded to admit to acts that I did not actually commit. I am unable to knowingly waive any of my constitutional rights, including my Miranda rights.

Because of my disability, I do not wish to talk with law enforcement officials except in the presence of and after consulting with an attorney. I do not consent to any search of my person or property.