STATE OF INDIANA ) IN THE COURT

) SS:

COUNTY OF ) Case No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WAIVER OF ATTORNEY**

I am asking the court to allow me to represent myself and give up my constitutional right to have an attorney represent me before the court.

I understand I am accused of committing the following delinquent act(s).

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

I have already met with an attorney, whose name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We have discussed that I have the right to an attorney, all the way through my case, without any cost to me or my family. The attorney has explained to me my rights and the allegations made against me.

I am \_\_\_\_years old. I am currently in the \_\_\_\_\_grade.

(*Please initial the appropriate box*)

I can [ ]  cannot [ ]  read, write, and/or understand the English language.

I am not [ ]  am [ ]  under the influence of alcohol, drugs, or medication.

I do not [ ]  do [ ]  have a physical or psychological condition or disability that affects my understanding what is happening in court or what I am doing in this case.

I understand I have the right to:

* Have an attorney represent me at all stages of this proceeding, at no cost.
* Hire an my own attorney, at my own expense.
* Represent myself and act as my own attorney.

[ ]  Check this box if you have read and understand this right and you have discussed this right with your parent, guardian or custodian.

I understand an attorney would:

* Represent me and speak on my behalf in court.
* Advise me about my legal rights and options.
* Explain and assist me with legal and court procedures.
* Help me negotiate a possible settlement of my case with the probation and the prosecuting attorney.
* Investigate and explore possible defenses to the charges against me that may or may not be readily apparent to me.
* Prepare and conduct my defense at any motion hearing or trial.
* File motions on issues of evidence, testimony, and procedures of the police.
* Assist me at disposition.
* File an appeal, if requested.

[ ]  Check this box if you have read and understand and you have discussed this with your parent, guardian or custodian.

I understand that if I proceed without an attorney, anything I say can and will be used against me.

I understand that if I represent myself:

* The judge cannot be my attorney and cannot give me any legal advice.
* The prosecuting attorney and probation officer cannot be my attorney and cannot give me legal advice.
* The judge, prosecuting attorney, court personnel, and probation officer are not required to explain court procedures or the law.
* I will be required to follow all legal rules and procedures that an attorney would have to follow in court, even if my case goes to trial.
* It may be difficult for me to challenge evidence presented by the prosecuting attorney.
* It may be difficult for me to present evidence.
* If I want to testify I must be sworn as a witness and answer questions from the prosecuting attorney.
* It may be difficult for me to do a good job as my own attorney and is almost always unwise.

[ ]  Check this box if you have read and understand and you have discussed this with your parent, guardian or custodian.

I have not been promised anything or been threatened by anyone to give up my right to an attorney. I am giving up my right freely, voluntarily, and intentionally. I am sure this is what I want to do.

I have had an opportunity to meaningfully consult (talk this over) with my Parent, Guardian, or Custodian before signing this form.

I understand that I can change my mind and ask for an attorney to help me later in the case; however, I also understand that the case against me will not start over again.

**NOTE: YOU ARE GIVING UP AN IMPORTANT RIGHT BY SIGNING THIS FORM. YOUR SIGNATURE MEANS YOU READ AND UNDERSTOOD THIS ENTIRE FORM**.

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

Child - Print Date

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

Child - Signature

I am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the parent/guardian/custodian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have discussed the above with him/her and I agree with the child’s decision to proceed without an attorney.

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

Parent, Guardian, Custodian - Signature Date

I have discussed with the child and their parent, guardian, or custodian their right to an attorney, the decision to waive an attorney, and the consequences of proceeding without an attorney.

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

Attorney - Print Date

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

Attorney - Signature