

STATE OF INDIANA) IN THE _____ COURT

) SS: _____

COUNTY OF _____) CAUSE# _____

_____)

)

vs.)

_____)

WAIVER OF CONFLICT

I understand that I am entitled to an unbiased, impartial, and speedy judgment of my case.

I understand that, by signing this form, I agree to waive any potential conflict of the judge in this case.

I understand that by waiving a conflict, I give up my right to file a motion for a change of judge based upon this conflict.

I understand that I give up the right to challenge any judgment in this case on appeal on the basis that the judge should have removed him/herself because of this conflict.

I swear that I have received a complete disclosure on the record of the judge's possible conflict of interest under Rule 2.11.

I swear that I have had the opportunity to discuss this possible conflict and this waiver with my attorney, if represented, and the opposing attorney, or party.

I swear that I have voluntarily agreed to sign this waiver.

I swear no party or attorney has coerced me to sign this document.

I sign this form freely and voluntarily and with full understanding, or I have permitted my attorney to sign this form as my agent.

I understand, affirm, and intend that this waiver is voluntary, made with full knowledge, and is a binding decision on my part that is to become part of the record in this case.

I swear that, as a self-represented litigant, I have voluntarily chosen not to review this matter with counsel.

I have read, or have had read to me, this form as applicable my case. If I have an attorney, I have discussed each item with my attorney. By signing, I am indicating that I understand and agree with each item stated. I understand the rights outlined above, and I knowingly waive those rights.

Party Signature: _____ Date: _____

I am the attorney of record for the [Plaintiff/Defendant]. I have reviewed this form with my client, explained each item, and have answered all of my client's questions. I have fully explained the nature of judicial conflict and the consequences of this waiver. I agree and join in my client's waiver.

Attorney Signature: _____ Date: _____

I have read, or have had read to me, this form as applicable. If I have an attorney, I have discussed each item with my attorney. By signing, I am indicating that I understand and agree with each item stated. I understand the rights outlined above, and I knowingly waive those rights.

Party Signature: _____ Date: _____

I am the [attorney of record for the [Plaintiff/Defendant or assigned prosecuting or deputy prosecuting attorney in this case]. I have read and fully understand this form and the waiver it contains. I concur and, to the extent possible, join in this waiver.

Attorney Signature: _____ Date: _____