

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL
CIRCUIT, IN AND FOR SEMINOLE COUNTY, FLORIDA

IN THE INTEREST OF:

JUVENILE JUSTICE DIVISION

CASE # _____

_____,
a Child.
_____ /

WAIVER OF RIGHT TO AN ATTORNEY

I, the undersigned, hereby acknowledge that the following statements are true:

1. I have been advised and understand the complaint of _____ against me as follows: _____
2. I understand that this complaint could result in a commitment to an institution until I am of legal age.
3. I have been advised of my Constitutional right to be represented by an attorney in this case.
4. I have been advised that, if I am unable to employ an attorney, the Court will appoint an attorney to represent me in this case.
5. I understand this right to an offer of an attorney and, being aware of the effect of this waiver, I knowingly, intelligently, understandingly and of my own free will now choose to and, by the signing of this waiver, do hereby waive my right to an attorney and elect to proceed in this case without the benefit of an attorney.
6. In the presence of my parents and of my own free will, I do hereby waive my right to an attorney and elect to proceed without benefit of any attorney during the proceedings of this case in the Juvenile Division of the Circuit Court.
7. No one has offered me any promise or favor or reward and I have not in any manner been threatened or coerced to sign this waiver.
8. I have read this paper and it has been fully explained to me and I understand its contents.

Date

Signature of Child

STATEMENT OF PARENT OR RESPONSIBLE ADULT

The foregoing document was read by me and explained fully to my child in my presence. I understand the rights of my child and I also agree and consent to my child's waiver of the right to an attorney in this case in the Juvenile Division of the Circuit Court of Seminole County, Florida.

Signature

Relationship to Child

STATE OF FLORIDA
SEMINOLE COUNTY

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____.

MARYANNE MORSE
CLERK OF THE CIRCUIT COURT

By: _____
Deputy Clerk