

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
CHILD'S NAME: _____	HEARING DATE AND TIME: _____
WAIVER OF RIGHTS—JUVENILE DEPENDENCY	CASE NUMBER: _____

TO THE PARENT OF THE ABOVE NAMED CHILD:

Read this form carefully. The judge will ask you if you understand each right, and if you are voluntarily giving up that right.

For items 1, 2, and 3, check each box that applies, unless you have a question.

1. Petition

- a. I have read the petition and I understand it.
- b. The petition has been read to me and I understand it.

2. Right to an Attorney. You have the right to be represented by an attorney and one will be appointed for you if you cannot afford one, subject to a claim for payment.

- a. I give up my right to be represented by an attorney.
- b. I request the court to appoint an attorney for me.

3. Admission/Submission. I wish to

- a. admit the allegations of the petition.
- b. submit the petition on the basis of the social worker's or probation officer's report and other documents, if any.
- c. plead no contest.

For items 4 and 5, initial each box that applies, unless you have a question.

4. Waiver of Rights. By admitting the allegations of the petition, submitting the petition on the report, or pleading no contest, I am giving up the following rights:

- a. The right to a trial or hearing. Initial
- b. The right to see and hear witnesses who testify.
- c. The right to cross-examine witnesses, the social worker or probation officer who prepared the report, and the persons whose statements are contained in the report.
- d. The right to testify in my own behalf and to present my own evidence and witnesses.
- e. The right to use the authority of the court to compel witnesses to come to court and to produce evidence.
- f. Any privilege against self-incrimination in this proceeding.

5. Consequences

- a. I understand that if I plead no contest or submit the petition on the report, the court will probably find that the petition is true.
- b. I understand that if the petition is found to be true and the child is declared a dependent of the court, the court may assume custody of the child, and under certain circumstances, it is possible that no reunification services will be offered or provided.
- c. (Child under age 3 years at time of initial removal) For a child under age 3 years at the time of initial removal, I understand that if the court assumes custody of the child and I fail to participate regularly in court-ordered treatment, at the review in six months services may be terminated, and the court may make a permanent plan for the child, which could result in termination of parental rights and placement of the child for adoption.

CHILD'S NAME: _____	CASE NUMBER: _____
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5. d. *(Child age 3 years or older at time of initial removal)* For a child age 3 years or older at the time of initial removal, I understand that if the court assumes custody of the child and the child is not returned within one year, or at the most 18 months from the time the child was taken into physical custody, the court will make a permanent plan for the child, which could result in termination of parental rights and placement of the child for adoption.

Date:

(TYPE OR PRINT NAME)	▶	(SIGNATURE OF PARENT OR GUARDIAN)
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DECLARATION OF INTERPRETER

6. The primary language of the parent legal guardian is
 Spanish.
 other (*specify*):

I certify that I interpreted this form for the parent or legal guardian in that person's primary language to the best of my ability.

Date:

(TYPE OR PRINT NAME)	▶	(SIGNATURE OF INTERPRETER)
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DECLARATION OF ATTORNEY

7. I am the attorney for the parent legal guardian.
 I have explained and discussed with my client the rights and consequences of
 admitting the petition.
 pleading no contest.
 submitting the petition on the report.

Date:

(TYPE OR PRINT NAME)	▶	(SIGNATURE OF ATTORNEY)
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