

FERNDAL MUNICIPAL COURT

CITY OF FERNDAL,
vs.

Plaintiff,

Defendant

No. _____

ADVISEMENT OF RIGHTS

I. CRIME

I have been charged with or arrested for the following crimes:

COUNT I: _____

COUNT II: _____

COUNT III: _____

II. ADVISEMENT OF RIGHTS

1. My true name is set forth above. I am _____ years old and have completed the _____ grade in school.
2. I understand the crimes for which I have been charged or for which I have been arrested, and the corresponding penalties.
3. The court has informed me, and I understand that I have the following rights:
 - a. The right to representation by a lawyer at every stage of the proceeding. If I cannot afford to pay for a lawyer one will be provided at no or greatly reduced expense to me if the offense is punishable by a jail sentence;
 - b. The right to have my lawyer present at all court proceedings;
 - c. The right to a speedy and public trial by an impartial jury in the county where the crime is alleged to have been committed;
 - d. The right to remain silent before and during trial, and anything I say can be used against me;
 - e. The right to testify on my behalf or to not testify against myself;
 - f. The right at trial to hear and question the witnesses who testify against me;
 - g. The right at trial to have witnesses testify for me. These witnesses can be made to appear at no expense to me;
 - h. I am presumed innocent unless the charge is proven beyond a reasonable doubt or I enter a plea of guilty; and
 - i. The right to appeal a determination of guilty after a trial.
4. If I enter a guilty plea, I give up all the above rights, except 3a & 3b.

III. LAWYER

- ☐ I do not want a lawyer to represent me and wish to represent myself.
- ☐ I am represented by a lawyer: _____
- ☐ I do not have a lawyer. ☐ I plan to hire one. ☐ I plan to apply for a public defender: **see back page =>**

Dated: _____

Defendant's Signature

To apply for a public defender, answer the following:

1. Place an "x" next to any of the following types of assistance you receive:

☐ **Welfare** ☐ **Poverty Related Veterans' Benefits**
☐ **Food Stamps** ☐ **Temporary Assistance for Needy Families**
☐ **SSI** ☐ **Refugee Settlement Benefits**
☐ **Medicaid** ☐ **Aged, Blind or Disabled Assistance Program**
☐ **Pregnant Women Assistance Benefits**
☐ **Other – Please Describe** _____

(Recipients of public assistance are presumed indigent, but may be found able to contribute to the costs of their defense under RCW 10.101.010. *State v. Hecht*, 173 Wash. 2d 92 (2011))

2. Do you work or have a job? ☐ yes ☐ no. If so, take-home pay: \$ _____
Occupation: _____ Employer's Name: _____

3. Do you have a spouse or domestic partner who lives with you? ☐ yes ☐ no. Does she/he work? ☐ yes ☐ no If so, take-home pay: \$ _____
Employer's name: _____

4. Do you and/or your spouse or domestic partner receive unemployment, Social Security, a pension, or workers' compensation? ☐ yes ☐ no
If so, which one? _____
Amount: \$ _____

5. Do you receive money from any other source? ☐ yes ☐ no If so, how much?
\$ _____

6. Do you have children living with you? ☐ yes ☐ no. If so, how many? _____

7. Including yourself, how many people in your household do you support? _____

Provide good contact information here so an attorney can contact you

Mailing Address: _____
City, State, Zip: _____

Phone: _____

Email: _____