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3 **FERNDALE MUNICIPAL COURT**

4 **CITY OF FERNDALE,**

Plaintiff,

5 **vs.**

No.

6 **ADVISEMENT OF RIGHTS**

7 **Defendant**

8 **I. CRIME**

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

10 **COUNT I:** _____

11 **COUNT II:** _____

12 **COUNT III:** _____

13 **II. ADVISEMENT OF RIGHTS**

14 1. My true name is set forth above. I am _____ years old and have completed the _____ grade in school.

15 2. I understand the crimes for which I have been charged or for which I have been arrested, and the corresponding penalties.

16 3. The court has informed me, and I understand that I have the following rights:

17 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;

18 b. The right to have my lawyer present at all court proceedings;

19 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;

20 d. The right to remain silent before and during trial, and anything I say can be used against me;

21 e. The right to testify on my behalf or to not testify against myself;

22 f. The right at trial to hear and question the witnesses who testify against me;

23 g. The right at trial to have witnesses testify for me. These witnesses can be made to appear at no expense to me;

24 h. I am presumed innocent unless the charge is proven beyond a reasonable doubt or I enter a plea of guilty; and

25 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.

21 **III. LAWYER**

22 I do not want a lawyer to represent me and wish to represent myself.

23 I am represented by a lawyer: _____

24 I do not have a lawyer. I plan to hire one. I plan to apply for a public defender: **see back page** ⇒

25 Dated: _____

Defendant's Signature

1 To apply for a public defender, answer the following:

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

3 ____ **Welfare** ____ **Poverty Related Veterans' Benefits**
4 ____ **Food Stamps** ____ **Temporary Assistance for Needy Families**
5 ____ **SSI** ____ **Refugee Settlement Benefits**
6 ____ **Medicaid** ____ **Aged, Blind or Disabled Assistance Program**
7 ____ **Pregnant Women Assistance Benefits**
8 ____ **Other – Please Describe** _____

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

11 2. Do you work or have a job? ____yes ____no. If so, take-home pay: \$ _____
12 Occupation: _____ Employer's Name: _____

13 3. Do you have a spouse or domestic partner who lives with you? ____yes ____no. Does she/he
14 work? ____yes ____no If so, take-home pay: \$ _____
15 Employer's name: _____

16 4. Do you and/or your spouse or domestic partner receive unemployment, Social Security, a
17 pension, or workers' compensation? ____yes ____no
18 If so, which one? _____
19 Amount: \$ _____

20 5. Do you receive money from any other source? ____yes ____no If so, how much?
21 \$ _____

22 6. Do you have children living with you? ____yes ____no. If so, how many? _____

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

24 ***Provide good contact information here so an attorney can contact you***

25 Mailing Address: _____
26 City, State, Zip: _____

27 Phone: _____

28 Email: _____