

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

INDIO 46-200 Oasis St. Rm. 120E, Indio, CA 92201
 MURRIETA 30755-G Auld Rd., Murrieta, CA 92563

RIVERSIDE 9991 County Farm Rd., Riverside, CA 92503

RI-JV042

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar Number and Address)</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY CASE NUMBER: _____
IN RE: _____ RELATIONSHIP TO CHILD: _____	

**ADVISEMENT AND WAIVER OF RIGHT TO COUNSEL IN DEPENDENCY HEARING
(Faretta Waiver)**

Fill out this form if you wish to act as your own attorney. Initial the box for each item if you understand and agree with it. Sign and date the form where it says PARENT'S SIGNATURE on page 2. If you have any questions about anything on the form, ask the judge.

INITIALS

I am the Parent of the above-named child. I certify to the Court that I can read and write. I understand my constitutional rights including the following:

- A. **Right to an Attorney:** I understand that I have the right to be represented by an attorney (lawyer) at all stages of the proceedings. I understand that an attorney will be appointed to represent me, whether or not I have the ability to pay. I understand that I may be responsible for court appointed attorney costs for my attorney and my child's based on my ability to pay. _____
- B. **Right to a Trial:** I understand that I have a right to a trial. _____
- C. **Right to Subpoena Witnesses:** I understand that I have the right to use the process of the court to subpoena witnesses or records that I may need in my case. _____
- D. **Right to Confront and Cross-Examine Witnesses:** I understand that I have the right to confront in court all witnesses who will be called to testify against me, and I have the right to cross-examine those witnesses including the social worker who will prepare the reports for hearings or trial. _____
- E. **Right to Testify and Right Against Self-Incrimination:** I understand I have the right to testify in my own behalf and that I may be called to testify by another party. I understand I have the right not to incriminate myself. _____
- F. **Right to Self-Representation:** I understand that I have a right to self-representation and I may waive my right to an attorney. I further understand that if I am permitted to represent myself, I will have to try my case without the assistance of an attorney. _____
- G. **Expectations of Self Represented:** I understand that if I am permitted to represent myself, it will be necessary for me without the assistance of an attorney, to conduct my own trial consisting of, but not limited to, making pretrial motions, making an opening statement, cross examining the witnesses, subpoenaing and presenting my own witnesses, making appropriate objections and motions during the course of the trial or hearings, making a closing argument, and making appropriate motions after the trial or hearing. _____

CHILD'S NAME:	CASE NUMBER:
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- H. **No Special Treatment:** I understand that I cannot and will not receive any help or special treatment from the court. _____
- I. I understand that no continuance will be allowed without a showing of good cause, and that such requests made just before trial will most likely be denied. _____
- J. I understand that, depending on the stage of my case, if I ask to give up my pro per status and request an attorney, the court may deny this request and I may have to proceed to trial without an attorney. _____
- K. I understand that the judge may terminate my right to self-representation if I engage in serious misconduct or obstruct the conduct and progress of the trial or hearing. I understand that if my pro per status is terminated, I may have to be represented by an attorney appointed by the judge who will then take over the case at whatever stage the case may be in. _____
- L. I understand that if at some point a court appointed attorney does take over my case, that attorney may be in a disadvantaged position and that such a disadvantage will not be considered an issue upon appeal. _____
- M. I understand that by acting as my own attorney, I am giving up and waiving my Constitutional right to effective assistance of counsel as grounds for appeal. _____

COURT'S ADVICE AND RECOMMENDATION

- N. I understand that it is the advice and recommendation of the court that I not represent myself, and that I accept a court-appointed attorney. I understand that the court-appointed attorney for my case is an experienced trial and dependency lawyer who will investigate my case, file appropriate motions, advise me on what to do, and try the case, if necessary. _____
- O. I understand this written petition to proceed in propria persona (represent myself) will be filed and become part of the dependency court case file. I understand that if an appeal of any kind is filed, this form will be made part of the record on appeal and will be considered in determining if I gave a knowing, intelligent waiver of my right to legal counsel. _____

I hereby certify that I have read, understood and considered all of the above warnings included in this petition and I still want to represent myself. I freely and voluntarily give up my right to have an attorney represent me.

Date: _____

(TYPE OR PRINT NAME OF PARENT)

(PARENT'S SIGNATURE)

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY FOR PARENT (IF APPLICABLE))

(SIGNATURE)

INTERPRETER'S STATEMENT (If applicable)

I, having been duly sworn or having a written oath on file, certify that I truly translated this form to the party in the _____ language. The defendant stated that they understood the contents on the form, and then initialed and signed the form.

Date: _____

(TYPE OR PRINT NAME OF COURT INTERPRETER)

(SIGNATURE)