

JUVENILE NOTICE/WAIVER OF RIGHTS - AGE 16 OR 17

Case No. _____ Time _____

NOTICE OF RIGHTS

I, _____ HAVE BEEN ADVISED THAT A REASONABLE EFFORT HAS BEEN MADE TO CONTACT MY PARENT/GUARDIAN. I HAVE ALSO BEEN ADVISED AND I UNDERSTAND THAT:

_____ I CAN CONTACT MY PARENT / GUARDIAN AND HAVE THEM WITH ME DURING ANY INTERVIEW

_____ I HAVE THE RIGHT TO REMAIN SILENT

_____ IF I TALK TO ANY POLICE OFFICER, ANYTHING I SAY CAN AND WILL BE USED AGAINST ME IN A COURT OF LAW

_____ I HAVE THE RIGHT TO TALK WITH A LAWYER BEFORE I ANSWER ANY QUESTIONS OR AT ANY TIME WHEN I AM IN POLICE CUSTODY AND I MAY HAVE A LAWYER WITH ME DURING ANY QUESTIONING

_____ IF I CAN'T AFFORD A LAWYER, I HAVE THE RIGHT TO HAVE A LAWYER APPOINTED FOR ME AT NO COST

_____ IF I START TO ANSWER ANY QUESTIONS, I HAVE THE RIGHT TO STOP ANSWERING THEM AT ANY TIME

_____ I MAY STOP ANSWERING QUESTIONS AT ANY TIME IF I WISH TO TALK WITH A LAWYER AND MAY HAVE A LAWYER WITH ME DURING ANY FURTHER QUESTIONING

_____ IF I MAKE A FALSE STATEMENT TO A POLICE OFFICER I CAN BE CHARGED WITH A CRIME AND PUNISHED BY A COMMITMENT FOR UP TO 18 MONTHS

WAIVER

HAVING BEEN ADVISED OF MY RIGHTS AND GIVEN AN OPPORTUNITY TO SPEAK WITH A PARENT OR GUARDIAN, AND WITH FULL UNDERSTANDING OF MY RIGHTS, I KNOWINGLY, VOLUNTARILY AND WILLINGLY WAIVE THE FOLLOWING RIGHTS:

_____ I DO NOT WANT TO CONTACT MY PARENT/GUARDIAN *(If applicable)*

_____ I DO NOT WANT MY PARENT/GUARDIAN PRESENT DURING ANY INTERVIEW *(If applicable)*

_____ I DO NOT WANT A LAWYER AT THIS TIME *(If applicable)*

I WISH TO MAKE THE FOLLOWING STATEMENT WITHOUT FEAR, THREATS OR PROMISES OF FAVOR KNOWING THAT THIS STATEMENT CAN AND WILL BE USED AGAINST ME IN COURT.

DATED AT _____ ON THE _____ DAY OF _____ 20____

SIGNED _____

PARENT/GUARDIAN _____

WITNESS _____