



PASCO MUNICIPAL COURT STATEMENT OF RIGHTS

DEFENDANT: _____ DATE OF BIRTH: _____ CASE NUMBER: _____

I acknowledge that I have been accused of a criminal and/or criminal traffic offense(s) and am presumed innocent of the offense(s) unless proven guilty beyond a reasonable doubt or I plead guilty. I have been provided with an Element Sheet identifying the factual elements of the crime of which I have been accused, as well as the maximum and minimum mandatory penalties associated with said crime(s).

I have been charged with either one or both of the following types of crimes:

- MISDEMEANOR:** Punishable by a fine of not more than \$1,000.00 or by imprisonment of not more than ninety (90) days or by both
- GROSS MISDEMEANOR:** Punishable by a fine of not more than \$5,000.00 or by imprisonment of not more than 364 days or by both

I UNDERSTAND THAT I HAVE THE FOLLOWING CONSTITUTIONAL RIGHTS:

RIGHT TO AN ATTORNEY. I have the right to be represented by an attorney at all stages of this criminal proceeding, including this arraignment. If I cannot afford an attorney I may request an attorney be appointed by the court at no/minimal cost to me. The court will determine if I qualify for an attorney after reviewing a sworn financial affidavit submitted by me.

RIGHT TO A SPEEDY TRIAL BY AN IMPARTIAL JUDGE AND JURY. I understand that if I am being held in jail on this charge, I must be brought to trial within sixty (60) days after the date of this arraignment. If I am not being held in jail on said charge(s) I must be brought to trial within ninety (90) days of this arraignment.

JURY TRIAL. I have a right to a public trial by a jury of six (6) citizens.

RIGHT TO SUBPOENA WITNESSES AND RECORDS. I have the right to reasonable use of court process to subpoena any witnesses or any records that I may need in my defense.

RIGHT TO CONFRONT AND CROSS-EXAMINE WITNESSES. I have the right to confront in open court all witnesses who will be called to testify against me and the right to cross-examine those witnesses at the time of trial.

RIGHT AGAINST SELF INCRIMINATION. I have the right to testify at my trial, but I cannot be compelled to testify.

RIGHT TO BE RELEASED ON BAIL. I may have the right to be released from jail on reasonable bail pending my trial.

RIGHT TO SELF REPRESENTATION. I have the right to act as my own attorney and may waive my right to an attorney. I further understand that if I am permitted to represent myself I will have to conduct my own defense without the assistance of an attorney.

APPEAL. I have the right to appeal the decision of this court to the Franklin County Superior Court.

I further understand that by signing this form I acknowledge that I have read or been advised of these rights and understand them. I have notified my attorney or the court of any rights that I do not understand and they have been explained to me.

YOU MUST EITHER PLEAD NOT GUILTY OR GUILTY BY CHECKING THE APPROPRIATE BOX BELOW

NOT GUILTY AND:

- I am requesting a court-appointed defense attorney
- I will hire my attorney
- I have petitioned the court to represent myself and waived my right to an attorney

If I have elected to represent myself and waive my right to an attorney, I may contact the city prosecutor regarding the recommended penalty for my case; however, I am not required to speak with the prosecuting attorney to obtain the recommended penalty. If I accept the recommended penalty I waive my right to trial and may be sentenced today.

Even if I waive my right to any attorney at arraignment, I may invoke my right to an attorney at any future court proceeding including sentencing or appeal.

I understand if I plead not guilty, I will be required to return to court until my case has been resolved. If I fail to appear in court when I have signed for, been advised of, or been summoned by the court of a court hearing date, I may be subject to punishment for my failure to appear including being booked into jail, posting mandatory bail or posting additional bail if bail has previously been posted.

GUILTY

I understand that if I plead guilty I give up all the above listed rights except my right to be represented by an attorney and will advise the court what I did and if the court accepts my guilty plea, I will then be sentenced by the court.

DEFENDANT'S SIGNATURE

PHONE NUMBER

ADDRESS

CITY/STATE/ZIP CODE

Defense Attorney (Bar Number)

DATE

INTERPRETER CERTIFICATION

I certify that I am fluent in _____ (language) and I have translated this entire document for the defendant from English into said language this date.

SIGNATURE

DATE