

STATE OF INDIANA) IN THE BROWN COUNT CIRCUIT COURT
)ss:
 COUNTY OF BROWN) CAUSE NUMBER: 07C01-_____

STATE OF INDIANA)
)
 v.)
)

WAIVER OF ATTORNEY

My full name is: _____
 My date of birth is: _____
 I have completed schooling through _____ grade/year of high school/college.

I can read, write, and understand the English language.

I understand that I have the right to be defended in this cause number by an attorney. I have the right to employ an attorney of my choice; I also understand that, if I cannot afford an attorney, the Court will provide an attorney at public expense for me in this cause number. I further understand that I have a right to an attorney at all stages of this criminal proceeding, including trial and appeal. I further understand that I have a right to an attorney, including one provided to me at public expense if I cannot afford one, even if I am guilty as charged.

I understand an attorney has skills and expertise in preparing for and presenting a proper defense not possessed by me. The skills an attorney has included, among other things:

1. Investigating and interrogating witnesses
2. Gathering appropriate documentary evidence
3. Obtaining favorable defense witnesses
4. Preparing and filing pre-trial motions
5. Preparing appropriate written instructions for the jury
6. Presenting favorable opening and closing statements
7. Examining and cross-examining witnesses at trial
8. Recognizing objectionable prejudicial evidence and testimony and making proper objections thereto
9. Determining if any plea agreement offered to be by the State is in my best interest
10. Determining if there are any legal defenses to the charge(s) against me

You are further informed that an attorney is usually more experienced at plea negotiations and better able to identify and evaluate potential defenses and evidentiary or procedural problems in the State's case.

I declare that no person has made any promise or special treatment or leniency if I decide not to have an attorney defend me in this case. I declare that no person has made a threat of any kind to me to force me not to have an attorney defend me in this case. I declare that this Waiver of Attorney is made freely, knowingly, understandingly, and voluntarily.

I believe and feel that I fully understand the proceedings in this case against me and understand my right to be represented by an attorney. I understand that the Waiver of Attorney is not a permanent waiver, and if I change my mind, I can always employ my own attorney or request an attorney be appointed by the Court at public expense.

I DECLARE THAT I DO NOT WANT TO BE DEFENDED BY AN ATTORNEY IN THIS CASE.

I affirm under the penalties for perjury that the foregoing representations are true.

 Signature of the Defendant

 Date of Signature