

IN THE DISTRICT COURT OF THE \_\_\_\_\_ JUDICIAL DISTRICT OF  
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

STATE OF IDAHO  
Plaintiff,

v.

\_\_\_\_\_  
Defendant.

Case No. \_\_\_\_\_

Waiver of Preliminary Hearing

1. I have received a copy of the complaint charging me with the crime(s) of

<u>Count</u>	<u>Statute</u>	<u>Charge Description</u>

2. I understand I have the right to a preliminary hearing on each charge.
3. I understand that at the preliminary hearing the State must present evidence which shows that a crime has been committed and there is probable cause to believe I committed the crime.
4. I understand that if the State is able to show that I probably committed the crime, I will be required to appear in District Court and enter a plea to the charge(s) against me.
5. I understand if I waive my right to a preliminary hearing, I will be required to appear in District Court to enter a plea to the charge(s) against me.
6. I understand that by waiving my right to a preliminary hearing, I DO NOT admit that I am guilty.
7. I understand that by waiving my right to a preliminary hearing, I DO NOT WAIVE ANY OTHER RIGHT which I have.
8. I have discussed all the facts of this case with my attorney.
9. I read and understand the English language or have had the assistance of a court approved interpreter.
10. I have no questions regarding the way my attorney has handled my case.
11. No one has promised me anything or threatened me in any way to get me to waive my right to a preliminary hearing.

- 12. My attorney has fully discussed this questionnaire with me.
- 13. I fully understand all statements and questions in this questionnaire.
- 14. In exchange for this waiver, the State has promised me

\_\_\_\_\_

\_\_\_\_\_

I understand these rights, and by signing below I waive my right to a preliminary hearing.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Typed/Printed Name

This is an accurate statement of the Defendant's waiver.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature of Attorney

**CERTIFICATE OF SERVICE**

I certify that on this date, I served a copy of the attached to:

\_\_\_\_\_

- By E-mail     By mail
- By fax (number) \_\_\_\_\_
- By overnight delivery/Fed Ex
- By personal delivery

\_\_\_\_\_

- By E-mail     By mail
- By fax (number) \_\_\_\_\_
- By overnight delivery/Fed Ex
- By personal delivery

\_\_\_\_\_

- By E-mail     By mail
- By fax (number) \_\_\_\_\_
- By overnight delivery/Fed Ex
- By personal delivery

Dated: \_\_\_\_\_

By: \_\_\_\_\_