

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. _____

Notification of Rights (Misdemeanor)

You have been charged with the misdemeanor criminal offense(s) of:

<u>Count</u>	<u>Statute</u>	<u>Charge Description</u>
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It is very important that you read this notification of your rights and understand them fully before signing this document. If you have any questions concerning these rights, you may ask the judge when your case is called or consult an attorney.

Please initial each item that is fully understood; leave blank any items that you do not understand.

- ____ 1. You have the absolute right to remain silent and the privilege against self-incrimination (the State cannot force you to testify against yourself). Any statement you make is a part of the record and may be used against you.
- ____ 2. You have the right to represent yourself and present your case without the aid of an attorney.
- ____ 3. You have the right to hire your own attorney to represent you in this matter. If you wish to be represented by an attorney but feel you cannot afford one, you may apply to the Court to appoint an attorney for you, but you may be required to pay public defender fees if you plead guilty or are found guilty.
- ____ 4. Under the law, you are presumed innocent unless you plead guilty or are proven guilty at a court or jury trial.
- ____ 5. You may plead not guilty or guilty, or stand silent in which case a not guilty plea will be entered for you by the Court.
- ____ 6. Should you plead guilty and admit to the charge(s) presented, you are waiving your rights and the Court will proceed in determining the appropriate sanction. The Court

is not bound by sentencing recommendations of either party. Should you plead not guilty, you retain your right to a trial and the case will continue.

- ____ 7. If your case goes to trial, the burden will be upon the State to prove guilt beyond a reasonable doubt. At trial, you can question any witness who is going to testify against you and call your own witnesses to testify for you, as well as present evidence on your behalf.
- ____ 8. If you are not satisfied with the decision of the Court, you may appeal to the next higher Court, so long as your Notice of Appeal is filed within forty-two (42) days of the entry of the decision.
- ____ 9. If you are in custody, you have the following additional rights:
- a. You have the right to communicate with your immediate family and attorney through a reasonable means provided by the jailer.
 - b. You have a right to bail which is an amount of money necessary to allow your release and assure your presence in Court at a future date.
- ____ 10. Your exercise of any of these rights shall not be held against you. If you have any questions about these rights, ask the Judge at the next hearing.

Please mark the appropriate box to the following questions:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you received a copy of the charging document filed in this case? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you understand what you have been charged with? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you under the influence of any drugs or alcohol at this time? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Has anyone made you any promises or coerced you to act in this matter? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Would you like the Court to read the charging document to you? |

Please choose only one of the following options to indicate how you wish to be represented in this matter:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I wish to retain/hire my own attorney. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I wish to apply for court appointed attorney to represent me. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I wish to waive my right to be represented by an attorney. I will represent myself. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I wish to be given a continuance: |
| | | <input type="checkbox"/> to decide how I would like to be represented. |
| | | <input type="checkbox"/> to discuss my plea with an attorney. |

If you do not wish to be given a continuance, please choose one of the following options concerning your plea:

I wish to enter the following plea

☐ Not guilty

☐ Guilty

If you are on probation or parole, a plea of guilty could serve as a basis for violating your probation or parole.

A plea of guilty or a conviction of certain charges may impact your right to own or possess firearms. A plea of guilty or a conviction may result in the loss of your driving privileges.

If you are not a citizen of the United States, and if you plead guilty or are found guilty you could be removed from the country, excluded from entering this country, and denied the opportunity to obtain legal status or become a naturalized citizen. You have the right to request additional time to consult with an Immigration Attorney before you enter your plea.

By signing this document, I acknowledge that I have read and fully understand my rights as indicated above.

Dated

Signature of Defendant

Typed/Printed Name