

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

Clerk of the Court

Dated: _____

By: _____
Deputy Clerk