

**DISTRICT COURT OF CLARK COUNTY
IN AND FOR THE STATE OF WASHINGTON**

<input type="checkbox"/>	STATE OF WASHINGTON)	
<input type="checkbox"/>	CITY OF _____)	
	Plaintiff,)	Case No. _____
v.)	
)	
Defendant.) WAIVER OF RIGHT TO ATTORNEY

1. I understand that I am charged with the crime(s) indicated on the citation(s) or complaint(s).
2. The maximum penalty/penalties are contained on Appendix "A", paragraph 6(a), of which I have received a copy.
3. If there are minimum penalties that MUST be imposed if I am found guilty, those are outlined in Appendix "A", paragraph 6(b) of which I have received a copy.
4. I have the right to have an attorney represent me in all stages of this proceeding. If I cannot afford an attorney, I have the right to request a public defender. If I qualify, an attorney will be appointed to represent me.
5. I may be at a disadvantage if I proceed without an attorney. I will be required to follow the laws and court rules which apply to this case/these cases. These laws and rules can be technical and complex. I may not fully understand them without an attorney.
6. I am aware of the dangers and disadvantages of proceeding without an attorney. However, I choose to represent myself. Knowing the risks, I waive my right to be represented by an attorney.
7. The court has had a colloquy (discussion) with me on my rights to an attorney and my desire to waive this right.
8. Nobody has made any threats or promises to me to get me to waive this right. I am doing it of my own free will

Dated this _____ day of _____, _____.

Defendant

FINDINGS AND ORDER

I have questioned the defendant and find that (1) (s)he intelligently, knowingly and voluntarily waived the above rights to an attorney, and (2) that (s)he was competent to make such a waiver. Done in open court in person or via Virtual or Telephonic Hearing and in the presence of defendant this _____ day of _____, 20__.

Judge of the District Court, Dept No _____/Commissioner