

STATE OF VERMONT

SUPERIOR COURT

Unit

CRIMINAL DIVISION

Case No. _____

State of Vermont vs. _____ DOB: _____
Defendant's Name

WAIVER OF COUNSEL

I, the person named above, hereby acknowledge that I have been advised by the Court that:

- 1. **I am entitled** to be represented by an attorney during all stages of the proceedings in this case.
- 2. If I cannot afford to hire an attorney at my own expense, the Court will consider assigning the Public Defender or private counsel to represent me at state expense.

I fully understand my right to an attorney. However, **I DO NOT WISH TO BE REPRESENTED BY AN ATTORNEY**, and I waive my right to be represented by an attorney in this case.

In representing myself, I understand that I **MUST**:

- 1. Notify the court in writing of any changes in my mailing address, phone number, or email address.
- 2. Give or send copies of any papers I file with the court to the State’s Attorney or Deputy State’s Attorney representing the State and to any other party in this case. If another party has an attorney, I will give or send copies to that party’s attorney.
- 3. File a certificate of service with the court certifying that I have sent the papers I am filing (including this form) to all parties. I understand that I can find that form on the Vermont Judiciary website <https://www.vermontjudiciary.org/> or at the courthouse.

Court Notices and Orders

I understand that the court will send all notices and orders to me at the mailing address provided below.

Documents from Other Parties in the Case

I understand that the other parties in the case are required to provide me with a copy of all documents they file with the court. If I consent, the other parties may send me documents by email instead of by mail.

I consent to receiving documents from the other parties at the email provided below:

YES NO

Date: _____

Signature _____

Printed Name _____

Mailing Address _____

Phone Number _____

Email Address _____

THIS SECTION FOR PERSONS UNDER 18 YEARS OF AGE

As Parent/Guardian/Custodian or Guardian Ad Litem for the above-named juvenile, I have been advised of this person's right to counsel. I understand the advice, and I hereby concur in the waiver of this juvenile's right to counsel and agree that doing so is in his or her best interest.

Signature of Parent/Guardian/or Guardian Ad Litem: _____

I hereby certify that _____ was appointed Guardian Ad Litem for the juvenile in Case Number _____ on _____.

Date: _____ Signature of Judge/Clerk: _____

I, the undersigned Criminal Judge, on this date fully informed the above-named person of the right to counsel in all stages of the legal proceedings in this case. The waiver made above was executed after I informed the person of this right. I approve the Waiver of Counsel.

Date: _____ Signature of Judge: _____