

BENTON COUNTY DISTRICT COURT

STATE OF WASHINGTON

RIGHTS FORM

Case No. _____

Please Print

Last Name

First Name

Middle Name

Mailing
Address

City

State

ZIP

Birth Date

Email Address

Telephone No ()

Have you ever served in the US Military (circle one)

YES

NO

If the above information changes, please notify the Court.

The Court has told me, and I understand that:

- a. I have the right to have counsel (a lawyer) and that if I cannot afford to pay a lawyer, one will be provided at no expense to me. If I am found guilty or enter a deferred prosecution program, I may have to repay the cost of counsel.
- b. I have the right to a speedy and public trial by an impartial jury.
- c. I have the right to hear and question witnesses who testify against me.
- d. I have the right to have witnesses testify for me. These witnesses can be made to appear at no expense to me.
- e. I have the right to remain silent before and during trial, and I need not testify against myself.
- f. The charge(s) must be proven beyond reasonable doubt.
- g. I have the right to appeal, but only if I plead not guilty.
- h. I understand that if I plead guilty, I am waiving all the above state rights.

Defendant's Signature: _____ Date: _____

Judge