

**IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
CUYAHOGA COUNTY, OHIO**

IN THE MATTER OF: _____ CASE NO. _____
ALLEGED DELINQUENT

ADVISEMENT OF RIGHTS ON A JUVENILE COMPLAINT

1. You have the right to be represented by an attorney in all proceedings.
2. You have the right to have an attorney appointed to represent you at public expense if your income does not exceed established guidelines. Please fill out a separate form titled "Financial Disclosure Form" on the Cuyahoga County Juvenile Court's website or at the Clerk's Office on the 2nd floor of the Juvenile Justice Center. A \$25.00 fee may be assessed for the application.
3. You have a right to obtain an attorney at any stage of the proceedings, and to have granted a reasonable continuance to secure an attorney; if you fail to secure an attorney in a timely manner and thereby cause unnecessary delay of the proceedings, the Court may proceed without an attorney present.
4. You have the right to remain silent.
5. You have the right to offer evidence.
6. You have the right to require witnesses on your behalf.
7. You have the right to have the State prove the allegations beyond a reasonable doubt at trial.
8. You have the right to, upon written request, have the hearings recorded at public expense if your income does not exceed established guidelines.
9. If your case is heard by a Magistrate, you have the right to file written objections to the Magistrate's Decision within fourteen (14) days after the hearing.

If you ADMIT to the allegations of the complaint, or if having DENIED, the allegations are proven beyond a reasonable doubt, this may result in an order of detention, community control, commitment to public or private institution, fine, restitution, modification of driving privileges, or any order that the Court believes would be in your best interest.

**THIS FORM IS FOR THE FILING OF WRITTEN DENIALS
ADMISSIONS WILL ONLY BE PERMITTED DURING A COURT HEARING**

Please initial next to the following:

___ I have received a copy of the complaint and I understand the allegations being made against me.

___ I understand the purpose and possible outcomes of the hearings.

___ I understand that if I am fourteen (14) years of age and the offense would be a felony if committed by an adult, I may be bound over to the grand jury and prosecuted as an adult.

___ I acknowledge that if I fail to appear for any scheduled Court hearing(s), a warrant may be issued for my arrest.

___ I understand that if I am unable to appear for a Court hearing, I am to file a written request for a continuance.

WRITTEN DENIAL AND REQUEST FOR PRETRIAL HEARING

I, _____, am entering a written DENIAL to the allegations contained in the complaint and I request that this matter be set for pretrial hearing.

CHILD DATE

PARENT/GUARDIAN DATE

ATTORNEY DATE

PARENT/GUARDIAN DATE

GUARDIAN AD LITEM DATE

Please provide the following information:

CHILD'S ADDRESS	CITY	STATE	ZIP CODE
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_____ 'S ADDRESS	CITY	STATE	ZIP CODE
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_____ 'S ADDRESS	CITY	STATE	ZIP CODE
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_____ 'S PHONE NUMBER

_____ 'S PHONE NUMBER
