

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

**IN RE:**

**CASE NO. DN**

**D.O.B.**

**JUDGE LINDA TUCCI TEODOSIO**

**MAGISTRATE**

**WAIVER OF TRIAL RIGHTS**

I, \_\_\_\_\_, (circle one) Mother, Father, Alleged Father, Legal Custodian hereby acknowledge that I am waiving my right to trial at disposition in the above-captioned matter. I understand each of the following (initial each applicable line):

\_\_\_\_\_ I have the right to have a trial before the Judge or Magistrate. If I agree to the proposed disposition, I give up my right to trial. At trial:

\_\_\_\_\_ Summit County Children Services has the burden of showing there has been a change of circumstances of the child or legal custodian which has occurred since the prior court order and the proposed disposition is in the best interest of the above-captioned child(ren). If I agree with the proposed disposition, I give up my right to have Summit County Children Services prove that there has been a change of circumstances and that the proposed disposition is in the best interest of the above-captioned child(ren) by a preponderance of the evidence. I also give up the right to prove my own proposed disposition is in the best interest of the above-captioned child(ren) by a preponderance of the evidence.

\_\_\_\_\_ The Court may admit evidence that is material and relevant, including but not limited to, hearsay, opinion, and documentary evidence at trial.

\_\_\_\_\_ I have the right to testify (tell my side of the story) but I cannot be forced to testify against myself. I have the right to remain silent about a matter that may tend to incriminate me. If I choose not to testify, that cannot be used against me. If I agree to the proposed disposition, I give up my right to right to testify at trial.

\_\_\_\_\_ I have the right to submit evidence (have my own witness(es) testify and provide my own physical proof) and to cross examine (ask questions of) the witness(es) presented against me. A subpoena, which is a court order requiring a person to appear, can be issued to help me bring my witness(es) to court. If I agree to the proposed disposition, I give up my right to call witnesses for trial, present evidence, or to cross-examine witnesses.

\_\_\_\_\_ If I disagree with the Magistrate's decision following a trial (disposition) I may file an objection with the Judge.

\_\_\_\_\_ If I disagree with a decision made by the Judge, I have the right to appeal the Judge's decision to the Ohio Ninth District Court of Appeals.

\_\_\_\_\_ If I agree with the proposed disposition, I understand that the Court may place the above-captioned child(ren) in 1) protective supervision, 2) temporary custody of another person or entity, 3) legal custody either to a parent or another person who has filed a motion requesting legal custody, 4) permanent custody of a public children services agency or a private child placing agency, or 5) a permanent planned living arrangement with a public children services agency or a child placing agency.

\_\_\_\_\_ If I agree with the proposed disposition, I understand that the Court will journalize the case plan for the child(ren) making the case plan and all of its components an order of the Court.

\_\_\_\_\_ No one has threatened me in any way or promised me any particular outcome to persuade me to waive my right to trial. I have made this decision knowingly, voluntarily, and intelligently, without being under the influence of drugs or alcohol. My ability to think clearly and make decisions is not being adversely affected by any medication(s) I might or might not be taking. After having been advised by the Court of my rights, the nature of the proposed disposition and the possible consequences, I fully understand my rights and have no additional questions for the Court.

**Counsel:**

\_\_\_\_\_ I am represented by counsel and have discussed my decision with my attorney.

**Pro Se:**

\_\_\_\_\_ I am not represented by counsel. I understand that I have the right to obtain counsel prior to the trial and to have a reasonable continuance in order to obtain counsel. I understand that I have the right to have an attorney appointed for me without cost if I am indigent. I hereby waive or give up my right to an attorney for the purposes of disposition.

\_\_\_\_\_  
Mother, Father, Alleged Father,      Date  
Legal Custodian

\_\_\_\_\_  
Attorney      Date

\_\_\_\_\_  
Judge/Magistrate      Date