

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	WAIVER OF ATTORNEY OR REQUEST FOR APPOINTMENT OF ATTORNEY	CASE NO. PETITION NO. JUDGE
Court address	Court telephone no.	

In the matter of _____
 First and last name(s), alias(es)

WAIVER OF ATTORNEY

1. ☐ a. I am the respondent in a child protective proceeding. I understand I have the right to be represented by an attorney at all hearings in the family division of the circuit court. If I cannot afford an attorney, an attorney will be appointed to represent me. Knowing this, I freely waive the right to the assistance of an attorney.
- ☐ b. I am the juvenile in a delinquency proceeding. I understand I have the right to be represented by an attorney at all hearings in the family division of the circuit court. If I or the person responsible for my support cannot afford an attorney or refuses or neglects to retain an attorney for me, an attorney will be appointed to represent me. Knowing this, I freely waive the right to the assistance of an attorney.

 Date Juvenile/Respondent signature

- ☐ 2. The parent, guardian, legal custodian, or guardian ad litem of the ☐ juvenile ☐ minor respondent did not object to the above waiver of the assistance of an attorney.
3. I have explained the right to the assistance of an attorney as provided by law and court rule and am satisfied that the above waiver is voluntarily and understandingly made. I accept the waiver.

 Judge/Referee's signature and date

REQUEST FOR APPOINTMENT OF ATTORNEY

- ☐ 4. I am the respondent in a child protective proceeding. I declare that I am unable to pay fully for the services of an attorney and request that an attorney be appointed to represent me. I understand that I may be responsible for paying the costs of an appointed attorney after my ability to pay has been determined. I authorize the court to investigate and obtain relevant information from my employer, creditors, and others who have knowledge of my financial circumstances for purposes of determining my eligibility for the appointment of an attorney.
- ☐ 5. I am the juvenile in a delinquency proceeding. I request the appointment of an attorney. I and those responsible for my support are financially unable to retain an attorney or those responsible for my support neglect or refuse to retain an attorney for me.

Juvenile signature	Date	Parent/Guardian/Legal custodian/Respondent	Date
Name (type or print)		Name (type or print)	
Address		Address	
City, state, zip	Telephone no.	City, state, zip	Telephone no.