

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE INTEREST OF

**Plea Questionnaire/
Waiver of Rights
(CHIPS and JIPS)**

Name

Case No. _____

Date of Birth

I am the child/juvenile. parent. guardian. legal custodian. Indian custodian.

I intend to enter an admission or no contest plea to the child in need of protection or services (CHIPS) or juvenile in need of protection or services (JIPS) grounds as follows:

Ground/Statute	Plea	Ground/Statute	Plea
	<input type="checkbox"/> Admit <input type="checkbox"/> No Contest		<input type="checkbox"/> Admit <input type="checkbox"/> No Contest
	<input type="checkbox"/> Admit <input type="checkbox"/> No Contest		<input type="checkbox"/> Admit <input type="checkbox"/> No Contest

See attached sheet for additional grounds.

I am _____ years old.

- I do do not
- I do do not
- I am not am
- have not have

I am in/have completed the _____ grade in school.

- understand the English language.
 - understand the ground(s) to which I am pleading.
 - currently receiving treatment for a mental illness or disorder.
 - had any alcohol, medications, or drugs within the last 24 hours.
- If any, please list: _____

Waiver of Rights

I understand that by entering this plea, I give up the following rights:

- I give up my right to a court trial in a JIPS case or a jury trial in a CHIPS case.
- I give up my right to remain silent and I understand that silence of any party may be relevant.
- I give up my right to present evidence at trial.
- I give up my right to use subpoenas to require witnesses to come to court and testify for me at trial.
- I give up my right to confront in court the people who testify against me and cross-examine them.
- I give up my right to have the allegations in the petition proved by clear and convincing evidence.

I understand the rights that have been checked and give them up of my own free will.

Understandings

- I understand the nature of the acts alleged in the petition and the potential dispositions.
- I understand that this waiver gives the judge authority to enter orders that may affect me.
- I understand that the judge does not need to follow any plea agreement or recommendation.
- I understand that if the judge accepts my plea, the child/juvenile will be found in need of protection or services based upon the facts in the petition or as stated in court.
- I understand that if I am not represented by an attorney, that an attorney may discover defenses or mitigating circumstances which would not be apparent to me.

Voluntary Plea

I have decided to enter this plea of my own free will. I have not been threatened or forced to enter this plea. No promises have been made to me other than as follows:

See attached

Statement

I have reviewed and understand this entire document and any attachments. I have reviewed it with my attorney, if any. I have answered all questions truthfully and either I or my attorney checked the boxes. I am asking the judge to accept my plea and find that the child/juvenile is in need of protection or services.



Signature

Name Printed or Typed

Address

Email Address

Telephone Number

Date

State Bar No. (if any)

Attorney's Statement (If applicable)

I am the attorney for the person completing this document. I have discussed this document and any attachments with my client. I believe my client understands it and any plea agreement. My client is making this plea knowingly, voluntarily, and intelligently.

Attorney

Name Printed or Typed

Address

Email Address

Telephone Number

Date

State Bar No.