

IN THE INTEREST OF:

**CHIPS**  
**Plea Questionnaire/  
Waiver of Rights  
(PARENT)**

Name \_\_\_\_\_

Case No(s): \_\_\_\_\_

Date of Birth \_\_\_\_\_

*A child under the age of 18.*

**I am a Parent and intend to plea as follows:**  Admit  No Contest

**Statutory Grounds asserted under §48.13**

<input type="checkbox"/> (1) Child is without parent or guardian <input type="checkbox"/> (2) Child has been abandoned <input type="checkbox"/> (2m) Parent relinquished custody <input type="checkbox"/> (3) Child victim of abuse <input type="checkbox"/> (3m) Child at substantial risk of being abused <input type="checkbox"/> (4) Parent or guardian petition for assistance <input type="checkbox"/> (4m) Guardian needs assistance but unable or unwilling to petition <input type="checkbox"/> (5) Illegal adoption or care	<input type="checkbox"/> (8) Child needs care while parent missing, incarcerated, hospitalized, or institutionalized <input type="checkbox"/> (9) Child age 12 petitions for assistance <input type="checkbox"/> (10) Neglect <input type="checkbox"/> (10m) Substantial risk of neglect <input type="checkbox"/> (11) Child with emotional damage – parent neglecting, refusing or unable to provide treatment	<input type="checkbox"/> (11m) Child with AODA impairment – parent neglecting, refusing or unable to provide treatment <input type="checkbox"/> (13) Child not immunized
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I am \_\_\_\_\_ years old. I have completed \_\_\_\_\_ years of schooling.

I  do  do not have a high school diploma, GED, or HSED.  
I  do  do not understand the English language.  
I  do  do not understand the CHIPS statute to which I am pleading.  
I  am  am not currently receiving treatment for a mental illness or disorder.  
I  have  have not had 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 fact finding hearing (trial).  
 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 a jury trial.  
 I give up my right to cross-examine or ask questions of the Public's witnesses.  
 I give up my right to make the Public prove that my child is in need of protection and services by clear and convincing evidence

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



IN THE INTEREST OF:

**CHIPS  
Plea Questionnaire/  
Waiver of Rights  
(CHILD)**

Name \_\_\_\_\_

Case No(s): \_\_\_\_\_

Date of Birth \_\_\_\_\_

*A child under the age of 18.*

I am the subject child and intend to plea as follows:  Admit  No Contest

**Statutory Grounds asserted under §48.13**

<input type="checkbox"/> (1) Child is without parent or guardian <input type="checkbox"/> (2) Child has been abandoned <input type="checkbox"/> (2m) Parent relinquished custody <input type="checkbox"/> (3) Child victim of abuse <input type="checkbox"/> (3m) Child at substantial risk of being abused <input type="checkbox"/> (4) Parent or guardian petition for assistance <input type="checkbox"/> (4m) Guardian needs assistance but unable or unwilling to petition <input type="checkbox"/> (5) Illegal adoption or care	<input type="checkbox"/> (8) Child needs care while parent missing, incarcerated, hospitalized, or institutionalized <input type="checkbox"/> (9) Child age 12 petitions for assistance <input type="checkbox"/> (10) Neglect <input type="checkbox"/> (10m) Substantial risk of neglect <input type="checkbox"/> (11) Child with emotional damage – parent neglecting, refusing or unable to provide treatment	<input type="checkbox"/> (11m) Child with AODA impairment – parent neglecting, refusing or unable to provide treatment <input type="checkbox"/> (13) Child not immunized
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I am \_\_\_\_\_ years old. I have completed \_\_\_\_\_ years of schooling.

I  do  do not have a high school diploma, GED, or HSED.  
 I  do  do not understand the English language.  
 I  do  do not understand the CHIPS statute to which I am pleading.  
 I  am  am not currently receiving treatment for a mental illness or disorder.  
 I  have  have not had 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 fact finding hearing (trial).
- 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 a jury trial.
- I give up my right to cross-examine or ask questions of the Public's witnesses.
- I give up my right to make the Public prove that I am a child in need of protection and services 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 that the Public would have to prove that the facts in the Petition are true by clear and convincing evidence if I had a trial.
- I understand that this waiver gives the court authority to enter orders that may affect me.
- I understand that if the judge accepts my plea, the judge will find me to be a child in need of protection or service based on the facts in the petition and/or admitted in court.
- I understand that the judge does not need to follow any plea agreement or recommendation. I understand that the court could order the following dispositions in my case:
  - Supervision for a period of time up to age 18 or 19 (if the child remains in school)
  - Place me out of my home in a relative's home, the other parent's home, a foster home, treatment foster home, group home or residential treatment center
  - Transfer legal custody
  - Order my parent to provide special treatment or care for me
  - Psychological or psychiatric treatment
  - Make orders directing me or my parents to participate in:
    - Counseling
    - Parent aide services
    - Respite care
    - Housing assistancc
    - Parent skills training or education
    - AODA treatment or education
    - Inpatient AODA treatment
  - Other reasonable rules of supervision

**VOLUNTARY PLEA**

I have decided to enter this plea of my own free will. I have not been threatened or forced to enter this admission. No promises have been made to me other than those contained in the plea agreement. The plea agreement will be stated in court or as follows:

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**CHILD'S STATEMENT**

I have reviewed and understand this entire document and any attachments. I have reviewed it with my attorney (if an attorney represents me.) I have answered all questions truthfully and either I or my attorney have checked the boxes. I am asking the court to accept my plea and find me in need of protection or services.

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(Child's signature) (Child's printed name) (Date)

**ATTORNEY'S STATEMENT**

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

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(Attorney's signature) (Attorney's printed name) (Date)