

Court address 1200 N. Telegraph Road, Pontiac, MI 48341

Court telephone (248) 858-0112

In the matter of \_\_\_\_\_

My name is \_\_\_\_\_ . I am \_\_\_\_\_ years old, and I am the  mother  father of  
Name of respondent Age

Name of child(ren) and date(s) of birth

Initial \_\_\_\_\_ I can speak and understand the English language. Initial \_\_\_\_\_ I have had the opportunity to consult with a lawyer.  
\_\_\_\_\_ I can read and write the English language. \_\_\_\_\_ I am not under the influence of drugs or alcohol.  
\_\_\_\_\_ A language interpreter assisted me with this form. \_\_\_\_\_ I understand that this is a civil and not a criminal case.

1. Initial \_\_\_\_\_ I received a copy of a petition dated \_\_\_\_\_ and I understand the allegations against me.  
Date
2. Initial \_\_\_\_\_ I understand that the petition says that the child(ren) need to be protected because they have been abused or neglected, are in an unfit home or environment, or there is a failure to comply with guardianship provisions.
3. Initial \_\_\_\_\_ I understand that I have a right to have a lawyer represent me during all proceedings and that the court will appoint a lawyer for me if I cannot afford one, including on appeal of the initial dispositional order and for preparation of relevant transcripts.
4. Initial \_\_\_\_\_ I understand that I have a right to a trial by a judge or jury, and that the petitioner must prove the allegations in the petition by a preponderance of the evidence.
5. Initial \_\_\_\_\_ I understand that I have the right to have the witnesses against me appear and testify at trial and to have my lawyer question the witnesses. I have the right to call my own witnesses to testify at trial, and to have the court order them to appear and testify if they won't come to court on their own.
6. Initial \_\_\_\_\_ I understand that appellate review is available to challenge the court's initial disposition order following adjudication, and this challenge can include any issues leading to disposition, including errors in the adjudication process.
7. Initial \_\_\_\_\_ I understand that I may be barred from challenging the court's jurisdiction over the child(ren) in an appeal from an order terminating parental rights if I do not timely file an appeal of the initial dispositional order under MCR 3.993 (A)(1), (A)(2), or a delayed appeal under MCR 3.993(C).
8. Initial \_\_\_\_\_ I understand that if the court accepts my plea, I will give up my right to a trial and all of the rights I would have at trial. The court may then find that the child(ren) is/are within its jurisdiction. This means that the court will make decisions about their care, including where they will be placed.
9. Initial \_\_\_\_\_ I understand that this plea may be used against me in the future if a petition is filed requesting termination of my parental rights.
10. Initial \_\_\_\_\_  I plead responsible and understand the court will ask me questions about the petition allegations.  
 I plead no contest and understand the court will collect evidence about the petition allegations from others.
11. Initial \_\_\_\_\_  My plea IS NOT a result of an agreement between me, my attorney and anyone else.  
 My plea IS a result of an agreement. The agreement is: \_\_\_\_\_
12. Initial \_\_\_\_\_ No one has forced me, threatened me, or promised me anything (other than in #11, above, if any) in order to get me to plead  responsible  no contest. It is my own choice to plead  responsible  no contest.

**MY LAWYER HAS READ AND EXPLAINED TO ME ALL OF THE INFORMATION ON THIS FORM, AND MY ANSWERS ARE TRUTHFUL.**

Signature of Respondent /s/ \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Respondent \_\_\_\_\_

**I HAVE READ AND EXPLAINED THE FOREGOING TO MY CLIENT.**

Signature of Attorney /s/ \_\_\_\_\_ P- # \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_