

STATE OF MICHIGAN 6th JUDICIAL CIRCUIT – FAMILY DIVISION OAKLAND COUNTY	ADVICE OF RIGHTS/PLEA SUPPLEMENTAL PETITION FOR PERMANENT WARDSHIP STATUTORY BASIS – MCL 712A.19b (Child Protective Proceedings)	CASE NO. PETITION NO.
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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 _____

_____ <small>Initial</small> I can speak and understand the English language. _____ I can read and write the English language. _____ A language interpreter assisted me with this form.	_____ <small>Initial</small> I have had the opportunity to consult with a lawyer. _____ I am not under the influence of drugs or alcohol. _____ I understand that this is a civil and not a criminal case.
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1. _____ Initial I received a copy of a petition dated _____ . The petition asks the court to terminate my parental rights to my child(ren). Date
2. _____ 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 a lawyer of my choice.
3. _____ Initial I understand that I have a right to a hearing on the supplemental petition seeking termination of my parental rights.
4. _____ Initial I understand that it is the petitioner’s job to prove their case and to show by clear and convincing evidence that there is a basis in law that my rights should be terminated.
5. _____ Initial I understand that if there are new or different allegations from the original petition, the evidence to prove these allegations must be legally admissible. The court may consider the entire record in making this decision.
6. _____ Initial I understand that I have the right to have the witnesses against me appear and testify, to have my lawyer question the witnesses, the right to call my own witnesses to testify, and to the right to have the court order my witnesses to appear if they won’t come to court on their own.
7. _____ Initial I understand that if the court accepts my plea, I will give up my right to a hearing and all of the rights I would have at a hearing. The court may then find, without a hearing and on the basis of the whole record, that the petitioner has established a statutory basis with which to terminate my parental rights.
8. _____ Initial I understand that should the court find a statutory basis with which to terminate my parental rights, the court will then consider evidence to determine if it is in my child(ren)’s best interests to terminate my parental rights. The court will use a “preponderance of the evidence” standard to make this best interest decision.
9. _____ Initial I understand that my plea today may lead to the loss of my legal rights to the child(ren). This loss of parental rights would be **PERMANENT**. This means that I would have no right to make decisions about or to see my child(ren).
10. _____ Initial I understand that if my parental rights are terminated, I remain obligated to support the child(ren) until a court of competent jurisdiction modifies or terminates the obligation, an order of adoption is entered, or the child(ren) is/are emancipated by operation of law.
11. _____ 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.
12. _____ 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 : _____
13. _____ Initial No one has forced me, threatened me, or promised me anything (other than in #12, above, if any) 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 _____