

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

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

**WAIVER OF ATTORNEY**

1.  I am the respondent and 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.
- I am a juvenile and 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 signature and date

**REQUEST FOR APPOINTMENT OF ATTORNEY**

4. 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 and that when an attorney is appointed for a juvenile, that the court may assess some or all of the costs against the persons responsible for the support of the juvenile. 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.

\_\_\_\_\_  
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.

5. Witnessed by: \_\_\_\_\_  
Name Date