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| **State of Minnesota**  **County of** | **District Court**  **Judicial District**  **Case Type: Juvenile Protection**  **Court File Number:** |
| **In the Matter of the Welfare of the Child(ren) of:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , Mother, and,     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Father] [Adjudicated Father] | **CHILD AGE 10 OR OLDER**  **REQUEST FOR LAWYER OR WAIVER OF COURT-APPOINTED LAWYER** |

This form is accessible to the public, unless it contains the signature of a child that is confidential under [Juv. Prot. Rule 8.04, subd. 2(n)](https://www.revisor.leg.state.mn.us/court_rules/rule.php?type=ju&subtype=rjpp&id=8#Rule_8.04). If a confidential signature is included, then this form is confidential and must be accompanied by a [Confidential Document Cover Sheet Form 11.3](http://www.mncourts.gov/GetForms.aspx?c=11&f=71). The Confidential Coversheet shall be accessible to the public, but the document referenced in the Cover Sheet shall not be accessible to the public except by court order.

Child’s Name     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  and Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Acknowledgment**

1. The social worker gave me a paper telling me I can have a lawyer if I want one. The paper also told me I can ask to go to court.
2. I have talked with a lawyer about whether I want a court-appointed lawyer and whether I want to go to court.
3. After talking with a social worker and lawyer, I have decided:

I want a lawyer. I will talk with my lawyer about whether I do or do not want to go to court.

Right now, I do not want a lawyer and I do not want to go to court, but I know I

can change my mind.

I do not want a lawyer, but I do want to attend some or all court hearings.

Signature of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consulting Attorney’s Acknowledgement**

By signing below, I am telling the judge that I talked with the child about the child’s right to a lawyer and right to go to court.

Name of attorney who consulted with child (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of attorney: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_