

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\(n\)](#). If a confidential signature is included, then this form is confidential and must be accompanied by a [Confidential Document Cover Sheet Form 11.3](#). 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: \_\_\_\_\_