

STATE OF WISCONSIN, *Plaintiff*.

-vs-

**Waiver of Right to
Preliminary Hearing**_____, *Defendant*.

Case No. _____

I am _____ years old.

I have completed the _____ grade in school.

Please answer CORRECT OR INCORRECT to the following:**CORRECT INCORRECT**

1.	I am the defendant in this criminal action, and I wish to waive my statutory right to a preliminary hearing in this case. I understand the following:	<input type="checkbox"/>	<input type="checkbox"/>
2.	I have never been committed to a mental institution as mentally ill or found to be incompetent. I do not suffer from any mental or physical disabilities which would affect my decision in this matter.	<input type="checkbox"/>	<input type="checkbox"/>
3.	I am not under the influence of drugs or alcohol.	<input type="checkbox"/>	<input type="checkbox"/>
4.	I am not under the influence of medication.	<input type="checkbox"/>	<input type="checkbox"/>
5.	I can read, write and understand English.	<input type="checkbox"/>	<input type="checkbox"/>
6.	I understand that the State would have the burden of proof at a preliminary hearing to show that a felony was probably committed by me and that I am admitting that the State could meet the burden.	<input type="checkbox"/>	<input type="checkbox"/>
7.	I understand that at a preliminary hearing my attorney or I could ask questions of any witnesses called by the State and I am giving up that right.	<input type="checkbox"/>	<input type="checkbox"/>
8.	I understand that at a preliminary hearing my attorney or I could produce evidence on my behalf and I am giving up that right.	<input type="checkbox"/>	<input type="checkbox"/>
9.	I understand that it is sometimes possible to discover things about my case at a preliminary hearing including possible defenses to a charge.	<input type="checkbox"/>	<input type="checkbox"/>
10.	I understand that if the State does not meet the burden of proof, the court may reduce the felony charge to a misdemeanor charge or dismiss it altogether and I am giving up that right.	<input type="checkbox"/>	<input type="checkbox"/>
11.	I understand that as a result of waiving the preliminary hearing my case will be set for further proceedings before Branch _____ and I am not giving up my right to a trial.	<input type="checkbox"/>	<input type="checkbox"/>
12.	a. No one has threatened me to get me to waive my right to a preliminary hearing. b. Other than the conversations with the attorneys, no one has promised me a plea agreement or anything else to get me to waive my right to a preliminary hearing except as stated on the record.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

I have read the above questionnaire and answered all questions truthfully._____
(Defendant's Signature)_____
(Date)**ATTORNEY'S ACKNOWLEDGMENT**

I, _____, state that I am the attorney for the above named defendant, that:

(Attorney's Name-Please Print)

 (The defendant personally read the questionnaire in my presence,) OR (I read the questionnaire to the defendant),

I discussed and explained the contents of the questionnaire to the defendant, that the defendant acknowledged his/her understanding of each item in this questionnaire, and that I personally observed the defendant sign and date this questionnaire.

080-600-01(5/03)

(Attorney's Signature)_____
(Date)