



- 5.) The Judge will look at my case each year. I will stay in that placement for as long as the Judge decides that I have mental problems that make it likely that I will do a sexual crimes again. \_\_\_\_\_
- 6.) If the Judge says I can leave placement, I must continue to get treatment when told for my mental problems. The Judge will look at my case after one year. \_\_\_\_\_
- 7.) If the Judge says I can stop getting treatment after one year, I still must talk to a counselor every month. \_\_\_\_\_
- 8.) If I do not obey these rules or the counselor says I cannot stop my bad actions, I will be sent back to placement. \_\_\_\_\_
- 9.) Did you talk with your lawyer before you decided to tell the Judge you did the crimes?  Yes  No
- 10.) Are you okay with what your lawyer did for you?  Yes  No
- 11.) Did your lawyer answer all your questions?  Yes  No
- 12.) Did you talk with your parent or guardian about saying you did the crimes?  
 Yes  No  
 If you answered no, would you like to talk with them now?  Yes  No

I have read this form or someone has read this form to me.

I understand the form and what I have to do. The signature below and initials on each page of this form are mine.

\_\_\_\_\_  
 JUVENILE

\_\_\_\_\_  
 DATE

I, \_\_\_\_\_, lawyer for the juvenile, have reviewed this form with my client. My client has informed me and I believe that he or she understands the rights, consequences, and dispositions outlined in this form. I have completed the foregoing

sections with my client. I have explained them. I have no issues with my client admitting to the delinquent acts.

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LAWYER FOR JUVENILE

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DATE