

**IN THE JUVENILE COURT OF FULTON COUNTY  
STATE OF GEORGIA**

In the interest of \_\_\_\_\_ : Sex \_\_\_\_\_  
\_\_\_\_\_ : Age \_\_\_\_\_ DOB \_\_\_\_\_  
A child. : File# \_\_\_\_\_ Case # \_\_\_\_\_

**JUVENILE RIGHTS FORM**  
**DELINQUENT CASES: INFORMAL ADJUSTMENT OR ARRAIGNMENT**  
**O.C.G.A. 15-11-510 and O.C.G.A. 15-11-511**

The above named child, along with the undersigned parent/guardian and/or attorney states as follows:

I understand that I have been charged with the following charges: \_\_\_\_\_;  
\_\_\_\_\_;

I am here today to answer to the charge(s). I have had explained and further understand the following:

1. \_\_\_\_\_ I have been provided with a copy of the petition that has been filed.
2. \_\_\_\_\_ I will be appearing before a Judge; I can admit or deny the charges against me. I will have an opportunity to speak with an attorney. If I admit the charges I can be found delinquent and the Judge can order disposition.
3. \_\_\_\_\_ The possible consequences or dispositions that may apply to my case: An order requiring me to do or not do certain things, dismissal, informal adjustment, probation, commitment to the Department of Family and Children Services, restitution, or suspension of driving privileges.
4. \_\_\_\_\_ That I have the right to an attorney to represent me, and if I cannot afford to hire one that the Court will appoint one for me.
5. \_\_\_\_\_ That I have the right to remain silent and that if I say anything, it may be used against me.
6. \_\_\_\_\_ That I have the right to confront and cross-examine any witnesses to appear and testify on my behalf.
7. \_\_\_\_\_ That I have the right to testify and compel other witnesses to appear and testify on my behalf.
8. \_\_\_\_\_ That I have the right to a speedy adjudicatory hearing.
9. \_\_\_\_\_ That I have the right to appeal and to be provided a transcript for such purpose.

After having been advised of the above, I do hereby: ( ) Elect to have a lawyer; Or ( ) Elect not to have a lawyer

By signature herein I acknowledge receipt of a copy hereof.

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Child

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Signature of Person Advising Rights

\_\_\_\_\_  
Signature of Attorney / GAL