

**IN THE COURT OF COMMON PLEAS FOR DELAWARE COUNTY, OHIO
JUVENILE DIVISION**

THE STATE OF OHIO,
Plaintiff

CASE NO. _____

vs.

_____,
Defendant.

WRITTEN PLEA

I appeared before this Court on _____, 2014 for arraignment upon the complaint filed on behalf of the State of Ohio, charging me, the Defendant, _____ with contributing to the unruliness or delinquency of a minor child(ren), in violation of Section 2919.24(A)(1) of the Ohio Revised Code. I appeared at this hearing with / without legal counsel. I do / do not waive counsel and service of summons, and was / was not served by warrant. The Plaintiff is represented by the Delaware County Prosecuting Attorney's Office.

I am advised that pursuant to Rule 10(C) and Rule 44(b) of the Ohio Rules of Criminal Procedure, I have the right to retain counsel, even if I intend to plead guilty, and I have the right to a reasonable continuance in the proceedings, to secure counsel, and the right to have counsel assigned without costs, if indigent. If I am indigent and financially unable to employ counsel, I may contact the Public Defender's Office at 740-833-2780. I understand that I need make no statement at any point in the proceedings unless a guilty plea is entered, but any statement made can and may be used against me. Pursuant to Rule 23 (A) of the Ohio Rules of Criminal Procedure, I will be tried by the court unless I demand a jury trial, except for a minor-misdemeanor. Such demand must be in writing and filed with the Clerk of Court not less than ten (10) days prior to the date set for trial, or on or before the third day following receipt of the notice of the date set for trial, whichever is later. Failure to demand a jury trial as provided in this rule is a complete waiver of the right thereto. The maximum fin and/or jail sentence is \$1,000.00 and six (6) months I jail, except for a minor misdemeanor, which is a fine not to exceed \$100.00.

Please check appropriate box:

I request continuance to consult or apply for court appointed counsel.

I request, waive, or have the assistance of an attorney.

I do or do not waive trial within the time limits established by Ohio law for the offense(s) for which I am charged.

I enter a plea of guilty

I enter a plea of not guilty

I enter a plea of no contest

* Defendant (Signature)

* Defendant (Print name)

* Address

* Telephone Number

* Required information

Witness:
