



STATE OF RHODE ISLAND JUDICIARY

SUPERIOR COURT ADULT DRUG COURT PROGRAM

WAIVER OF CONSTITUTIONAL RIGHTS

PARTICIPANT NAME	
CASE NUMBER	

	ALLEGED OFFENSE(S)
1	
2	
3	
4	

I understand that I have the following constitutional rights with regard to the charge(s) filed against me by _____.

1. I have the RIGHT to be represented by an attorney at all times while this matter is pending before the Superior Court. If I cannot afford an attorney but need the services of one, the Superior Court will refer me to the Public Defender or appoint an attorney to represent me.

2. I have the RIGHT to remain silent and not discuss the above-listed offense(s) with any representative of the Adult Drug Court Program. Remaining silent will not be used against me in future court proceedings.

3. I have the RIGHT to a full and fair hearing (trial) or violation hearing before a judicial officer of the Superior Court upon denying the offense(s) and have the right to appeal to the Supreme Court from any decisions of the court adverse to me.

4. I understand that the charge(s) filed against me could result in my detention or incarceration to an institution by a judicial officer of the Superior Court.

5. No one representing the Adult Drug Court Program of the Superior Court has offered me any promises or guarantees, and I have not in any manner been threatened or mistreated.

6. I have read and understand the Adult Drug Court Program Contract.

7. I have read and understand my rights and wish to waive (set aside) them at this time and proceed with the Adult Drug Court Program. I understand that information obtained from me cannot be used against me at a formal hearing on this or other charge(s) and that I may stop answering questions and withdraw from the Adult Drug Court Program process at any time.

THIS WAIVER OF CONSTITUTIONAL RIGHTS HAS BEEN READ BY ME. I UNDERSTAND THESE RIGHTS AND CONSENT TO WAIVING THESE RIGHTS AT THIS TIME.

_____	Date
Signature of the Participant	

_____	Date
Signature of the Witness	