

**JUVENILE DELINQUENCY WAIVER  
OF CHILD/PARENT STATEMENT  
OF RESPONSIBILITY**

JD-JM-29 Rev. 3-10  
C.G.S. §§ 46b-135 to 137, 138a Pr. Bk. § 27-7, 30a-1

*This form is available  
in other language(s).*

STATE OF CONNECTICUT  
SUPERIOR COURT  
JUVENILE MATTERS  
[www.jud.ct.gov](http://www.jud.ct.gov)



Address of Court	Docket number
Name and address of child	Date of birth
Name and address of parent(s) or guardian	

**Waiver of Child**

I, \_\_\_\_\_, in the presence of my (parent(s)/guardian), have been informed in (his/her/their) presence of my right 1) to counsel, and the Court's obligation to ensure that counsel is provided if I cannot afford it; 2) to remain silent because my statement may later be used against me; and 3) to be fully informed as to my claimed delinquent behavior described in the Notice to Appear or summons, dated \_\_\_\_\_.

I give up my right to counsel and to remain silent for this case.

Signature of child	Signature of parent or guardian	Date
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**Waiver of Parent or Guardian**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ have been informed of my right to counsel, and of my right to refuse to testify against the child except that if the child has inflicted violence upon a parent or guardian, the parent or guardian may be compelled to testify. The parent or guardian may refuse to testify if his or her testimony might incriminate him or her. For the purpose of this proceeding,

I give up my right to counsel and to remain silent.

Signature of parent or guardian	Signature of witness	Date
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**Statement of Responsibility**

I, \_\_\_\_\_, in the presence of my (parent(s)/legal guardian/counsel) admit that I am responsible for the following act(s):

Signature of child	Signature of parent or guardian	Date
Signature of attorney for child		Date