

<p><b>SUPERIOR COURT OF CALIFORNIA</b>  <b>COUNTY OF TUOLUMNE</b>          12855 Justice Center Drive          Sonora, CA 95370          (209) 533-5563</p>	<p>Space below for use of Court Clerk only</p>
<p>The People of the State of California,</p> <p style="text-align: center;">Plaintiff,</p> <p>vs.</p> <p style="text-align: center;">Defendant.</p>	<p>Case Number: _____</p>
<p><b>ACKNOWLEDGMENT OF TERMS AND CONDITIONS OF POST SENTENCE          RELEASE AND WAIVER OF DUE PROCESS RIGHTS</b></p>	

I have read, understand, and agree to abide by the attached terms and conditions of post sentence release.

I understand that for any violations of the terms and conditions of post sentence release, I agree that a Judge may order my incarceration in jail for up to 60 days for each violation without a hearing.

I understand and agree that any peace officer with probable cause to believe that I have violated any term or condition of post sentence release can arrest and detain me in county jail, pending a decision by a Judge as to the length of my incarceration.

I understand and agree that in connection with any 60 day incarceration mentioned above, that I waive all of the following rights as part of any ordered post sentence release:

- The right to advance notice, either written or verbal, of any violation of a term or condition of my post sentence release.
- The right to have an evidentiary hearing to establish a violation of a term or condition of any post sentence release.
- The right to be represented by an attorney at any hearing or sentencing for a violation of any condition of my post sentence release.
- The right to remain silent.
- The right to be sentenced by the Judge that accepted my plea of guilty to the charge or charges which resulted in my post sentence release.

I understand that a decision to incarcerate me for up to sixty days for any violation of a post sentence release can be based solely on hearsay presented by the supervising probation department either orally or in writing.

**ACKNOWLEDGMENT OF TERMS AND CONDITIONS OF POST SENTENCE RELEASE  
 AND WAIVER OF DUE PROCESS RIGHTS**

I have talked about all of the aspects of post sentence release with my attorney. I have had enough time to talk to my attorney about the consequences of a waiver of my due process rights as part of my post sentence release.

I freely and voluntarily enter into this waive of my due process rights as outlined above with full knowledge of the consequences of this waiver.

I have not recently ingested drugs or alcohol as to affect my ability to exercise judgment in entering into this waiver of due process as part of my ordered post sentence release.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_  
Signature of Defendant

### ATTORNEY'S STATEMENT

I am the attorney of record for the Defendant. I have reviewed and discussed this form and any addenda with my client. I have explained each of the Defendant's rights to the Defendant and answered all of the Defendant's questions with regard to this waiver. I have discussed the facts of the Defendant's case with the Defendant and explained the consequences of this waiver of due process as part of my ordered post sentence release.

I concur in the Defendant's decision to waive his or her due process rights as part of the Defendant's ordered post sentence release.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_  
Signature of Attorney for Defendant

### INTERPRETER'S STATEMENT

I, \_\_\_\_\_, having been duly sworn, truly translated this form to the Defendant in the \_\_\_\_\_ language. The Defendant indicated that he/she understood the contents of the form and he/she initialed and signed the form.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_  
Signature of Court Interpreter

Signed: \_\_\_\_\_  
Printed Name of Court Interpreter

### ACKNOWLEDGMENT OF TERMS AND CONDITIONS OF POST SENTENCE RELEASE AND WAIVER OF DUE PROCESS RIGHTS