City of Lynnwood
Snohomish County, State of Washington
19321 44th Ave. W. • PO Box 5008
Lynnwood, WA 98046-5008
(425) 670-6668

Waiver of Right to a Jury Trial

CITY OF LYNNWOOD

	)	
	)	
Plaintiff	)	**WAIVER OF RIGHT TO A JURY TRIAL**
	)	
_____	)	**Case No.** _____
Defendant	)	
	)	

I understand that if I plead "not guilty" to the charge, that I have an absolute right to have my case automatically set for trial before a jury of six persons. All six jurors must agree on a verdict of not guilty or guilty.

I further understand that if I do not want my case tried before a jury, I may give up that right by signing this waiver. If I give up my right to a jury trial at this time, I understand that I have ten (10) days to change my mind and request a jury trial. I understand that I must personally appear before a judge within ten (10) days with my request, or have my attorney present a written request for a jury trial to the court within ten (10) days.

DATED this _____ day of _____ 20_____.

_____
Defendant Signature

I have questioned the defendant and find that he/she intelligently and knowingly waived the right to a trial by jury.

_____
Judge