Af	fi	da	vit	of	Ri	q	hts
----	----	----	-----	----	----	---	-----

TITLE, JURISDICTION & ADDRESS
OF ISSUING AUTHORITY



IDENTIFICATION OF AFFIANT WHO SIGNED COMPLAINT COMPLAINT No.

20

COMPLAINT NUMBERS OF OTHER PARTICIPANTS

COMMONWEALTH OF PENNSYLVANIA

DEFENDANT

AFFIDAVIT OF RIGHTS

I, the above named Defendant, acknowledge that I have been informed of my right to bail, of the nature of the ball, how I may secure bail and, if I so desire, to select a bail bondsman of my choice, providing the bondsman is licensed in herein county, and have been given the opportunity to secure ball; I have been told of my right to have my own lawyer; or how to apply to the Court for a lawyer if I cannot afford to have my own lawyer; I have been told of my right to remain silent and that anything I may say can and will be held against me in Court; I have been told of my right to a Preliminary Hearing if I desire to have one.

ATT	COME	EOD	THE	DEFE	THANK

DEFENDANT

DATE

IF, AFTER READING THE ABOVE AFFIDAVIT OF RIGHTS TO THE DEFENDANT, THE DEFENDANT ELECTS NOT TO SIGN THIS AFFIDAVIT OF RIGHTS, THE ISSUING AUTHORITY SHALL SIGN AND DATE THIS AFFIDAVIT AS TESTIMONY THE AFFIDAVIT WAS READ AND EXPLAINED TO THE DEFENDANT.

SIGNATURE OF ISSUING AUTHORITY

DATE