

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101		
IN RE PETITION FOR REVOCATION OF PAROLE		
PAROLEE	SUPERIOR COURT CASE NUMBER PL	
PAROLE REVOCATION – ADVISAL AND WAIVER FORM (ICAOS)		CDCR NUMBER

Parolee, by initialing and signing below, certifies (initial all that apply):

- _____ 1. I request a continuance of the pre-hearing conference with counsel and agree to waive any time requirements for holding retaking/probable cause hearings.
- _____ 2. My attorney has reviewed with me and I understand the Petition for Revocation of Parole, including the parole violation(s) and/or absconding allegations contained therein.
- _____ 3. I have been advised and understand I am charged with absconding from supervision, and the sending state has requested a probable cause hearing.
- _____ 4. I have been advised and understand that I am charged with committing three or more significant violations of parole, and I have the right to a probable cause hearing on all alleged violations.
- _____ 5. I have been advised and understand that, if a probable cause hearing is held, I have the rights to: have the hearing conducted by a neutral and detached hearing officer on whether I am subject to retaking; written notice of the alleged parole violation(s); disclosure of non-privileged or non-confidential evidence regarding the alleged violation(s); the opportunity to be heard in person and to present witnesses and documentary evidence relevant to the alleged violation(s); and the opportunity to confront and cross-examine adverse witnesses, unless the hearing officer determines that a risk of harm to a witness exists.
- _____ 6. I have been advised and understand that I may waive a probable cause hearing, and that by doing so I will also be waiving the rights listed in line 5 above.
- _____ 7. I have been advised and understand that, in order to waive my right to a probable cause hearing, I must also admit at least one significant violation of the terms or conditions of my parole.
- _____ 8. I have been advised and understand that any evidence or record generated during a probable cause hearing may be forwarded to the sending state.
- _____ 9. I hereby waive my right to a probable cause hearing and admit that I absconded from my parole supervision I committed significant parole violation number(s) _____, as alleged on the Petition for Revocation of Parole. I agree to return to the sending state for further proceedings.
- _____ 10. I understand that, if found subject to retaking by the sending state, I will remain in custody until picked up by the sending state.
- _____ 11. Other: _____.

Date: _____

 Type or print name

 Signature of Parolee

Date: _____

 Type or print name

 Signature of Attorney