

State of Minnesota

District Court

COUNTY

JUDICIAL DISTRICT

CASE NO.

PROBATION VIOLATION OR VIOLATION OF SENTENCING ORDER STATEMENT OF RIGHTS

សេចក្តីថ្លែងអំពីសិទ្ធិនៃការបំពានពេលព្យួរទោស(PROBATION) ឬការបំពានលើការកាត់ទោស

1. I understand I am in Court because it is alleged I have intentionally violated the conditions of my probation or stayed sentence as set forth in the violation reports or other papers.

ខ្ញុំយល់ថា ខ្ញុំចូលមកតុលាការនេះដោយសារមានជាប់ចោទប្រកាន់ថា ខ្ញុំបានបំពានដោយចេតនាលើលក្ខខណ្ឌព្យួរទោសរបស់ខ្ញុំ ឬបំពានលើសេចក្តីរាយការណ៍ដែលបានកត់ត្រាទុកក្នុងការកាត់ទោស ឬអំពីអ្វីផ្សេងៗទៀត។

2. I understand I have the following rights: ខ្ញុំយល់ថា ខ្ញុំមានសិទ្ធិដូចតទៅ:

- a. an attorney will be appointed to represent me if I cannot afford one;
b. a hearing at which the state would be required to prove by clear and convincing evidence that I violated probation or failed to comply with a sentencing order;
c. to have complete disclosure in advance of any evidence, including any written reports, to be used against me;
d. to call and cross-examine any witnesses called to testify against me;
e. to testify myself if I wish;
f. to offer evidence, subpoena witnesses and present arguments, describe circumstances or give an explanation;
g. to appeal any decision made in my case.

3. I wish to proceed as follows: ខ្ញុំចង់ឱ្យមានរបៀបដូចតទៅ:

- waive (give up) my right to an attorney, admit the violations, and let the Court decide today whether or not to revoke my probation and execute the stayed portion of my sentence.
request a continuance to hire my own attorney.

c. request a court-appointed attorney and have completed a form showing my income, property and expenses.

សុំឱ្យមានការចាត់តាំងមេធាវីពីតុលាការនិងត្រូវបំពេញក្រដាសបង្ហាញអំពីប្រាក់ខែ ទ្រព្យសម្បត្តិ និងចំណាយផ្សេងៗរបស់ខ្ញុំ។

d. deny that I violated my probation and request a hearing on another day. I give up my right to an attorney and will represent myself.

បដិសេធអំពីរឿងដែលចោទថាខ្ញុំបានបំពានពេលព្យួរទោសរបស់ខ្ញុំ និងសុំឱ្យមានសវនាការនៅថ្ងៃផ្សេងទៀត។ ខ្ញុំបោះបង់សិទ្ធិសំរាប់រកមេធាវី ខ្ញុំនឹងធ្វើតំណាងដោយខ្លួនឯង។

Date: ថ្ងៃខែ: _____

Sign your name on this line

ចុះហត្ថលេខាអ្នកលើបន្ទាត់នេះ

Date of Birth: ថ្ងៃខែកំណើត: _____

Name, address, and phone number of your attorney:

ឈ្មោះ: អាសយដ្ឋាននិងលេខទូរស័ព្ទមេធាវីរបស់អ្នក:

Print your name, current address, and phone number:

សរសេរឈ្មោះអ្នក អាសយដ្ឋានសព្វថ្ងៃនិងលេខទូរស័ព្ទ:

