

Form B**WAIVER FORM**

I, _____, understand that on ____/____/____ I will be further remanded to ____/____/____ at the Melbourne Children's Court.

I do not wish to attend court on ____/____/____.

I have spoken to my lawyer and understand that it is my right to attend court if I wish to do so and that I can change my mind, in which case I will inform the unit manager at Parkville/Malmsbury Youth Justice Centre.

Signed: _____

Name: _____

Date: _____

Witness signature: _____

Witness name and position: _____
