

UNITED STATES DISTRICT COURT
for the
EASTERN DISTRICT OF NORTH CAROLINA

_____ Division

No. _____

United States of America

v.

Defendant.

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WAIVER OF IDENTITY HEARING

I understand that I have the right to an identity hearing in connection with the criminal charges or revocation motion that has been filed against me. After consulting with my attorney, I hereby waive my right to an identity hearing and my right to be present in court to personally waive my right to the hearing.

I acknowledge the following:

1. I understand that I have the right to an identity hearing to determine whether I am the person named in the charging document or revocation motion. I also understand that at the hearing the government would be required to produce the warrant authorizing my arrest, a certified copy of the warrant, or a reliable electronic form of either document.
2. I understand that at the identity hearing, I would have the right to be represented by counsel, hear and challenge the government's evidence, and present my own evidence (by proffer or otherwise).
3. I understand that by waiving the identity hearing, the hearing will not be held and the court will find that I am the person named in the charging document or revocation motion and order that I be transferred to the charging district.
4. I have discussed my decision to waive my identity hearing and the consequences of that decision with my attorney prior to executing this waiver.

ACKNOWLEDGMENT OF DEFENDANT:

I declare that I have read the above Waiver of Identity Hearing form or had it read to me and understand it. I do not require a translation of this form nor do I require an interpreter for court proceedings.

Dated: _____

Signature of Defendant

OR

I declare under the penalty of perjury that the Waiver of Identity Hearing form has been read to me in the _____ language and I understand it.

Dated: _____

Signature of Defendant

STATEMENT OF THE INTERPRETER (IF NECESSARY):

I declare under the penalty of perjury that I have translated this Waiver of Identity Hearing form to the Defendant in the _____ language.

Dated: _____

Signature of Interpreter

Print Name of Interpreter

STATEMENT OF COUNSEL:

I am satisfied that the Defendant has read this Waiver of Identity Hearing form (or has had it read to him or her), that he or she understands it, and that he or she is waiving his or her right to an identity hearing knowingly and voluntarily.

Dated: _____

Signature of Attorney