Form M

STATE OF HAWAI'I _____ COURT OF THE _____ CIRCUIT	**WAIVER OF INDICTMENT**	
CASE NUMBER	REPORT NUMBER(S)	
STATE OF HAWAI'I vs. (DEFENDANT)		

CHARGE(S): VIOLATION OF HRS SECTION(S):

I, the above-named Defendant, have read completely this waiver form and discussed it thoroughly with my attorney, with the assistance of an interpreter, if applicable, and hereby waive my right to an indictment in this matter. I acknowledge the following in accordance with Rule 7(c) of the Hawai'i Rules of Penal Procedure:

1. I am aware that I have a constitutional right to require the State to establish probable cause before the State can begin formal felony prosecution in circuit court;

2. That, in order to establish probable cause, the State must offer sufficient evidence to "lead a person of ordinary caution or prudence to believe and conscientiously entertain a strong suspicion" that I committed the felony charged, or an included felony;

3. That, if a grand jury concludes that the State has established probable cause and if the grand jury returns an indictment, I would then have the right to obtain written transcripts of the grand jury proceeding, and these transcripts might help me in preparing for trial.

4. That, by waiving an indictment, I am giving up the right to a probable cause determination and am also giving up the right to obtain written transcripts of the grand jury proceeding or preliminary hearing, or exhibit(s) supporting an information.

I fully understand the nature of these rights and that the decision to give up these rights is entirely up to me.

DATE	DEFENDANT'S SIGNATURE

CERTIFICATE OF COUNSEL

I certify that I have explained the foregoing "Waiver of Indictment" form to the Defendant; that I believe Defendant understands the document in its entirety; that the statements contained therein are in conformity with my understanding of Defendant's position; that I believe Defendant's waiver is made knowingly, voluntarily and with intelligent understanding of the nature of the charge(s) and consequences of said waiver; and that Defendant signed the foregoing in my presence.

DATE	ATTORNEY FOR DEFENDANT	SIGNATURE

If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation.

- Call the ADA Coordinator at __(phone number)__
- Send an e-mail to adarequest@courts.hawaii.gov.

The ADA Coordinator will try to provide, but cannot guarantee, the requested auxiliary aid, service, or accommodation.

(10/19/23)