

THE STATE OF TEXAS, COUNTY OF GUADALUPE



ARRESTING AGENCY:
DATE OF ARREST:
TIME OF ARREST:

MAGISTRATE WARNINGS

Before me, the undersigned magistrate of the State of Texas, on this day personally appeared _____, whose date of birth is _____ in the City of Seguin, County of Guadalupe, State of Texas, and in clear language, was given the following warnings:

- ☐ (1) You are charged with the offense(s) of: _____ Warrant No. _____ Probable Cause Determined _____ Bail Set At _____
- ☐ (2) You have the right to hire an attorney and have him/her present prior to and during any interviews and questioning by peace officers or attorneys representing the State. If you are too poor to afford an attorney, you have the right to request the appointment of an attorney (other than Class C Misdemeanors) to be present prior to and during any such interview and questioning. You may have reasonable time and opportunity to consult your attorney if you desire.
- ☐ (3) You have the right to remain silent.
- ☐ (4) You are not required to make a statement, and any statement you make can and may be used against you in court.
- ☐ (5) You have the right to stop any interview or questioning at any time.
- ☐ (6) You have the right to have an examining trial on a felony charge.

ATTORNEY REQUEST

- ☐ Are you a U.S. citizen? _____ YES _____ NO
If no, do you request that your country's consular representative be contacted? _____ YES _____ NO;
If yes, Country _____
- ☐ Do you request a court appointed attorney? _____ YES _____ NO If yes, the undersigned magistrate provided the accused with a financial affidavit to be completed by the accused and provided assistance, if needed, to complete the affidavit.
- ☐ Is an interpreter needed or requested? _____ YES _____ NO If yes, name of interpreter _____

I UNDERSTAND THE ABOVE WARNINGS AND RECEIVED A COMPLETED COPY OF THIS DOCUMENT. THIS IS NOT AN ADMISSION OF GUILT.

		Remarks: _____
Person Warned, Accused	Witness	
	2617 North Guadalupe Street	_____
	Seguin, Texas 78155	_____
Magistrate Signature _____		_____
Title: <input type="checkbox"/> JP #: _____ <input type="checkbox"/> County Court at Law Judge <input type="checkbox"/> District Judge <input type="checkbox"/> Municipal Judge <input type="checkbox"/> Magistrate		
Time: _____ AM PM Date: _____		