



PROMPT DEPORTATION OF ALIEN OFFENDERS (PDAO) WAIVER OF RIGHTS

Form with 10 numbered fields: 1. Offender Full Name, 2. Alien Number, 3. DOC Number, 4. Date of Birth, 5. Other Names Used, 6. Grade Completed, 7. Country Where Born, 8. Country of Citizenship, 9. Country of Last Residence, 10. Other Countries in Which You Have Resided

11. I understand that I was convicted on ___ / ___ / ___ in ___ County of the crimes of ___

My conviction was obtained by a [] guilty plea or by a [] trial.

12. Length of sentence imposed: _____

13. I understand that I am currently sentenced to serve ___ months/years in custody and ___ months/years in post-release supervision. ___ (initials)

14. I understand that I have a constitutional right to appeal my conviction. ___ (initials)

If I was convicted at trial, an appeal allows me to challenge the jury's determination of guilt and the rulings entered by the court both before and during trial. I may also challenge the manner in which my sentence was imposed, and I may challenge the length of the sentence if the sentence exceeds the standard range. ___ (initials)

If I was convicted by a plea of guilty, an appeal allows me to challenge the court's jurisdiction, procedures and rulings related to the entry of the guilty plea, and the rulings entered by the court both during the entry of the guilty plea and after the entry of the guilty plea. I may also challenge the manner in which my sentence was imposed, and I may challenge the length of the sentence if the sentence exceeds the standard range and I did not waive my right to challenge the length of the sentence as part of my plea agreement. ___ (initials)

15. I understand that if I am indigent, I would be entitled to counsel to prosecute an appeal at public expense. ___ (initials)

16. I [] have [] have not file a notice of appeal from the convictions identified above. ___ (initials)

I [] have [] do not have any motions for new trial, motions to reopen/reconsider, direct appeals to a Circuit Court of Appeals, requests for certiorari, Writs of Habeas Corpus, or any other administrative or judicial proceedings pending. ___ (initials)

17. I [] have [] have not applied for release on parole or had my case referred to the Washington State Parole Board.

___ (initials) Outcome of the request/referral, if applicable: _____

18. I [] am [] am not currently represented by an attorney. ___ (initials)

[] I have retained attorney _____ to represent me in the appellate courts. ___ (initials)

[] I have been appointed attorney _____ to represent me in the appellate courts. ___ (initials)

19. I understand that in addition to a constitutional right to appeal my conviction, I have the ability to collaterally attack my conviction and/or sentence in both state court and in federal court. A "collateral attack" is an action such as a personal restraint petition, a habeas corpus petition, a motion to vacate judgment, a motion to withdraw guilty plea, a motion for a new trial, and a motion to arrest judgment. ___ (initials)

20. I understand that I cannot participate in the Prompt Deportation of Alien Offenders (PDAO) program if I have a pending challenge to the validity of my conviction or sentence by way of motion, direct appeal, certiorari, habeas corpus, or any other collateral attack. If I have a pending appeal or collateral attack, I would have to withdraw or dismiss the appeal or collateral attack. If I withdraw or dismiss the appeal or collateral attack, I will not be able to refile the appeal or collateral attack.

_____ (initials)

I understand that I have the right to consult with my attorney, if I currently have one, prior to deciding whether to withdraw or dismiss a currently pending appeal or collateral attack. _____ (initials)

I wish to proceed with: (initial A or B)

A. _____ (initials) I do not wish to consult with my attorney prior to signing this waiver form.

B. _____ (initials) I do wish to consult with my attorney prior to signing this waiver form. His/Her Notice of Entry of Appearance as Attorney or Representative is attached.

21. I understand that I can only participate in the PDAO program if I waive my right to challenge the validity of my conviction or sentence by way of motion, direct appeal, certiorari, habeas corpus, or any other collateral attack. This includes, but is not limited to, the right to contest my conviction and/or sentence for lack of warnings regarding the immigration consequences of criminal conviction. _____ (initials)

I understand that I have the right to consult with an attorney prior to waiving my constitutional right of appeal. I understand that if I am indigent, I would be entitled to speak with an attorney at no cost to me. _____ (initials)

I wish to proceed with: (initial A or B)

A. _____ (initials) I do not wish to consult with my attorney prior to signing this waiver form.

B. _____ (initials) I do wish to consult with my attorney prior to signing this waiver form. His/Her Notice of Entry of Appearance as Attorney or Representative is attached.

22. I am voluntarily requesting consideration for acceptance in the PDAO program. I understand that if I am accepted in this program I will be released, prior to the completion of my sentence, to the custody of the Department of Homeland Security, U.S. Immigration and Customs Enforcement's Enforcement and Removal Operations (ICE/ERO) **solely for the purpose of immediate deportation or removal** to my country of citizenship, as state above, or to the country of last residence, or to any other country to which I may be legally admitted. _____ (initials)

23. By my signature, I voluntarily **waive** any such rights to contest the validity of the conviction and/or sentence by way of motion, direct appeal, certiorari, habeas corpus, or any other collateral attack. These include, but are not limited to, the right to contest the conviction and/or sentence for lack of warnings regarding the immigration consequences of criminal conviction. _____ (initials)

24. By my signature, I certify that I have a final order of deportation, exclusion, or removal from the United States and that the validity of such order is not subject of motions for reopening or for reconsideration; appeals to the Board of Immigration Appeals, or a United States Circuit Court of Appeals; certiorari, habeas corpus, or any other collateral attack. _____ (initials)

25. By my signature, I further waive any collateral challenge to the validity of the underlying criminal conviction, if any, including but not limited to contests based on ineffective assistance of counsel for failure to warn of the immigration consequences of such a criminal conviction or based on the court's failure to warn of the immigration consequences of such a criminal conviction. _____ (initials)

26. I will fully cooperate with the U.S. Immigration and Customs Enforcement's Office of Enforcement and Removal Operations in obtaining a suitable travel document and to provide, in a timely manner, any and all necessary information and documents necessary to expedite my removal. _____ (initials)

27. I understand that, upon my removal, U.S. Immigration and Customs Enforcement's Office of Enforcement and Removal Operations will notify the Washington State Department of Corrections of my removal. _____ (initials)

28. I understand that, in the event the removal or deportation to the designated country is not likely in the reasonably foreseeable future, I will be returned to the custody of the Washington State Department of Corrections to serve the remainder of my sentence. _____ (initials)

29. I understand that if, after my removal, I am found in the United States or its territories after re-entering illegally, I will be returned to the custody of the Washington State Department of Corrections to serve the remainder of my sentence. _____ (initials)

30. I further **waive** any right to challenge extradition to Washington State, if I am found in the United States or its territories after an illegal re-entry. _____ (initials)

31. I understand that I may not return to the United States without prior express consent of the Government of the United States. _____ (initials)

32. I have been advised and I understand that illegal re-entry into the United States without the express consent of the Attorney General of the United States or the Secretary of Homeland Security is a crime that would subject me to prosecution in federal court under 8 U.S.C. § 1326, and could lead to fines and imprisonment not more than 10 years, or both. _____ (initials)

ACKNOWLEDGMENTS AND WAIVER

I hereby acknowledge that I have read the contents of this document or had it translated and explained to me in the _____ language. I acknowledge that a copy of this document has been provided to me. _____ (initials)

I acknowledge that I fully understand the contents of this document. I acknowledge that participation in the PDAO program requires me to relinquish important legal rights, as described above. _____ (initials)

I acknowledge that I was given an opportunity to have this document reviewed and explained to me by an attorney. _____ (initials)

I acknowledge that failure to comply with the terms of the PDAO program will result in my return to the custody of the Washington State Department of Corrections to serve the remainder of my sentence. _____ (initials)

I acknowledge that I believe the benefits offered to me by the PDAO program outweigh the possibility that I might successfully contest the validity of my conviction or sentence. _____ (initials)

I acknowledge that no one has threatened harm of any kind to me or to any other person to cause me to waive my right to contest the validity of my conviction or sentence. _____ (initials)

I execute this Waiver of Rights knowingly, voluntarily, and intelligently. I understand that if I participate in the PDAO program, I will be removed from the United States. _____ (initials)

Signature of Applicant

Date

Place

Time

Signature of Attorney (if consulted)

Date

Name of Attorney

WSBA No.

Signature of Witness

Date

Name and Title of Witness (Print)

Signature of Translator (if used)

Date

Name of Translator (Print)

CERTIFICATION OF OFFICER (IF APPLICABLE)

I, _____, certify that on ____ / ____ / ____ I read this "Waiver of Rights" to the applicant in its entirety, in the _____ language.

Signature of Officer

Date

Name of Officer (Print)

Date

NOTIFICATION TO ICE/ERO

Notification to ICE/ERO made on _____

Date

In Person

By Fax

By Email

Officer Initials

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

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