

NOTE TO COUNSEL: FORM MUST BE FILLED OUT COMPLETELY. IN COMPLETING FORM, USE LANGUAGE YOUR CLIENT UNDERSTANDS. DO NOT USE WORDS, ACRONYMS OR ABBREVIATIONS THAT ARE USED ONLY BY ATTORNEYS.

DO NOT FOLD, ROLL OR BEND THIS FORM.

**IN THE COUNTY COURT
IN AND FOR OKEECHOBEE COUNTY
STATE OF FLORIDA**

CASE NO(S): _____

STATE OF FLORIDA
vs.

Defendant

PLEA OF GUILTY / NO CONTEST / ADMISSION – WITH ATTORNEY

I, _____, the Defendant, enter a plea of GUILTY / NO CONTEST / ADMISSION in this/these case(s) as follows. I state that:

1. I am _____ years old and have completed the _____ grade in school. I (can) (cannot) read and understand the English language. I () HAVE () HAVE NOT been previously found to be insane or incompetent, or committed to a mental institution as mentally ill or incompetent, and have been a patient in any hospital for mental illness. I am not presently suffering from any mental problems which affect my understanding of the plea(s).
2. I am represented by an attorney whose name is _____. I understand that I have the right to be represented by an attorney at every stage of the proceedings against me and that if I cannot afford an attorney, one will be appointed to represent me. If I am not represented by an attorney, by signing this form, I state that I do not want an attorney and wish to enter my plea(s) without a lawyer being present to represent me.
3. I am not now under the influence of any alcohol, drug, medication or substance that affect my understanding.
4. I understand that I am charged with:

5. I wish to withdraw my plea of not guilty and plead GUILTY / NO CONTEST / ADMIT THE VOP to the following charges
() by OPEN PLEA to the court without a plea agreement, knowing I could be sentenced up to the legal maximum;
() by PLEA AGREEMENT with the State, which is the only promise or consideration that has been given to me to cause me to enter this plea:

CHARGE 1: _____

Max. Sentence Jail: 60 / 365 days; Other _____
allowed Fine: \$500 / \$1,000 Other _____
Min. Sentence by Law: _____

PLEA AGREEMENT: SENTENCE: _____

() Adjudication of Guilt () Withhold Adjudication

CHARGE 2: _____

Max. Sentence Jail: 60 / 365 days; Other _____
allowed Fine: \$500 / \$1,000 Other _____
Min. Sentence by Law: _____

PLEA AGREEMENT: SENTENCE: _____

() Adjudication of Guilt () Withhold Adjudication

CHARGE 3: _____

PLEA AGREEMENT: SENTENCE: _____

Max. Sentence Jail: 60 / 365 days; Other _____
allowed Fine: \$500 / \$1,000 Other _____

Min. Sentence by Law: _____

() Adjudication of Guilt () Withhold Adjudication

(FOR ADDITIONAL CHARGES, IF ANY, ATTACH ADDENDUM TO PLEA FORM.)

6. OTHER CONDITIONS OR AGREEMENTS INCLUDED IN PLEA AGREEMENT:

7. I understand that I will also be ordered to pay the following:

(COUNSEL MUST ADVISE CLIENT OF ALL CHARGES/FEEES TO BE IMPOSED BY COMPLETING THE SECTION BELOW.**)**

\$ _____ Court costs/ \$ _____ Atty Fees/Costs to PD or J.A.C./ \$ _____ PD Appl. Fee/ \$ _____ Crime Prevention Fee
\$ _____ Crime Stoppers Fee/ \$ _____ 5% Fine Surcharge/ \$ _____ Cost/Prosecution/ \$ _____ Other (_____)
\$ _____ Domestic Violence Surcharge/ \$ _____ Rape Crisis Fund Surcharge/ \$ _____ Drug Abuse Tr Fund
DUI and Crim Traffic (CIRCLE): \$135 EMS Surchg/ \$3 Radio System Surchg/ \$50 - \$100 Drug Abuse Trust Fund
_____ Probation 1st Month \$65.00, thereafter \$ 55.00

8. I understand that the court is not bound by that agreement unless it is accepted by the court and that the court will allow me to withdraw my plea if the court rejects the plea agreement.

9. I admit there is a factual basis for my plea of guilty, no contest or admission.

10. No one has pressured or forced me to enter my plea of guilty, no contest or admission and I am entering the plea freely and voluntarily. The only promises made to me are those that are contained in this agreement.

11. I specifically, () admit that I am guilty of the charges I am pleading guilty / no contest / or admitting to or, () believe the plea is in my best interest even though I am innocent of the charges.

12. I understand that if the Court accepts my plea(s) of guilty, nolo contendere (no contest), or admission, I will be giving up the following rights:

- a. The right to a trial of my choice either before a judge or jury if I am charged with an offense(s) other than violation(s) of probation, and to be present at all proceedings.
- b. The right during the trial to confront and cross examine (by my attorney) the witness(es) called by the State.
- c. The right during the trial to call witnesses on my behalf, to have the witnesses subpoenaed to testify, and to present any other evidence in my defense of the charge(s) to the judge or jury.
- d. The right to testify during the trial and have my testimony considered by the judge or jury by the same standards of other witnesses.
- e. The right to remain silent during the trial knowing that my silence will not be considered by the judge or jury.
- f. The right to require the prosecutor at the trial to prove my guilt by admissible evidence beyond and to the exclusion of every reasonable doubt (other than for violation of probation) before I can be found guilty.
- g. The right to require the prosecutor at the trial to prove my guilt to the judge by admissible evidence if I am charged with violation(s) of probation before I can be found in violation.
- h. The right to have a judge or jury at the end of the trial to decide if I am guilty or not guilty of the charges(s).
- i. The right to appeal to a higher Court the issue of my guilt or innocence of the charge(s), but that I can appeal the legality of the sentences(s) imposed by the Court within 30 days from the date of sentencing.
- j. The right to remain in this country if I am not a United States citizen. This plea could cause me to be deported if I am not a citizen of this country.

13. I have discussed with my lawyer and fully understand the nature of the charge(s) to which I am entering my plea(s), the essential elements thereof, the possible defenses to the charge(s), the possible sentences that can be imposed by the Court, my right to appeal and am fully satisfied with the representation of my lawyer.

14. I understand that I may be required to pay, if applicable, court costs and fees, including but not limited to reasonable Public Defender fees, Public Defender application fees, costs of investigation and costs of prosecution.

15. I understand that if I am not a citizen of the United States, the entry of this plea **may / will** cause me to be deported or denied citizenship or residency rights.

16. I understand that a criminal conviction can cause me to lose or prevent me from obtaining certain local state, or federal licenses, and lose the right to vote and the right to own or possess a firearm or ammunition and other civil rights.

17. I understand that a conviction in this case may serve as a basis for enhanced penalties if I am convicted of a criminal offense in the future.

DATED at Okeechobee, Okeechobee County, Florida this _____ day of _____ 20____.

DEFENDANT

I am the attorney for the Defendant.

I have read the contents of this document word for word to the Defendant, and explained it fully to him/her.

I have not read this document to the Defendant, but I have fully explained the contents of this document to him/her.

I certify that I am a _____ language interpreter and I have read this document word for word to the Defendant who understands the _____ language. The Defendant states he/she fully understands the contents of the document and that he/she signed it freely and voluntarily.

ATTORNEY FOR DEFENDANT

INTERPRETER

The State of Florida acknowledges agreement to the terms set forth above and recommends that the plea negotiation be approved by the Court.

Assistant State Attorney

The Court determines that the plea is freely and voluntarily entered upon a knowing and intelligent waiver of the Defendant's rights and that there is a factual basis for it. The plea is accepted.

DONE this _____ day of _____ 20____.

COUNTY COURT JUDGE