

IN THE CIRCUIT COURT OF _____ COUNTY, MISSISSIPPI

STATE OF MISSISSIPPI

VERSUS

CAUSE NUMBER: _____

DEFENDANT

Race: _____

Gender: _____

DOB: _____

DL #: _____

Address: _____

*Instructions: This form must be **completely** filled out, including Defendant initialing each page at the bottom right.*

PETITION TO ENTER PLEA OF GUILTY

The Defendant, after having been first duly sworn, on oath represents and states unto the Court as follows:

1. My full name is _____ and I am also known as _____. I request that all proceedings against me be conducted in my true name.

2. I am represented by attorney(s) _____

3. In the above referenced Indictment, I have been charged with committing the crime(s) of _____

If convicted of those charge(s), I can be sentenced to serve a term of _____ years in prison (minimum) to _____ years in prison (maximum) and/or fined an amount from \$ _____ (minimum) to \$ _____ (maximum).

I also know that if I am pleading "GUILTY" to a violation of any offense defined in the Uniform Controlled Substances Law, Mississippi Code Annotated Section 41-29-101, *et seq.*,

Defendant's Initials _____

my right to operate a motor vehicle in the State of Mississippi MAY be suspended for a minimum of six (6) months, if convicted, from the date of conviction, and that I shall forfeit my driver's license to this Court.

I DESIRE TO PLEAD GUILTY TO THE CHARGE(S) OF:

AND REQUEST THE COURT TO ACCEPT MY PLEA OF GUILTY THIS CHARGE OR CHARGES.

If convicted of those charge(s), I can be sentenced to serve a term of _____ years in prison (minimum) to _____ years in prison (maximum) and/or fined an amount from \$_____ (minimum) to \$_____ (maximum).

4. I have told my attorney all of the facts and circumstances known to me about the charge(s) against me. I believe that my attorney is fully informed on all such matters. My attorney has counseled and advised me on the nature of each charge, on any and all lesser included charge(s), and on all possible defenses I might have to these charges. I am satisfied with the advice my attorney has given me. After consulting with my attorney, I am entering my plea of "GUILTY" freely and voluntarily, of my own accord and with my full understanding of all matters set forth in the Indictment, in this Petition, and the Certificate of Attorney which is included at the end of this Petition.
5. I understand that I may plead "NOT GUILTY" to any charge against me and that if I choose to plead "NOT GUILTY" the United States Constitution guarantees me the following rights:
 - a) the right to a speedy and public trial by jury;
 - b) the right to see, hear, and face in open Court all witnesses called to testify against me and the right to cross-examine those witnesses;
 - c) the right to compel the production of any evidence, including the attendance of any witnesses in my favor;
 - d) the right to have the assistance of an attorney at all stages of the proceedings;
 - e) the presumption of innocence, i.e., the State must prove beyond a reasonable doubt that I am guilty;
 - f) the right to testify and, if I do not testify, I understand the jury may be told that this shall not be held against me;
 - g) the right to appeal my case to the Mississippi Supreme Court if I am convicted at trial.
6. I understand that if I plead "GUILTY," the Court may impose the same punishment as if I had pled "NOT GUILTY," stood trial and was convicted by a jury.
7. **I ALSO UNDERSTAND THAT THERE IS NO AGREEMENT MADE BY ME AND/OR MY ATTORNEY WITH THE DISTRICT ATTORNEY; I UNDERSTAND THAT THE DISTRICT ATTORNEY MAY MAKE A RECOMMENDATION TO THE COURT; HOWEVER, THE COURT IS NOT BOUND TO THE RECOMMENDATION; FINALLY, I UNDERSTAND**

Defendant's Initials _____

THAT THE COURT MAY IMPOSE THE MAXIMUM PENALTIES FOR THIS

**OFFENSE OR OFFENSES AND THAT I HAVE NOT BEEN PROMISED
OTHERWISE BY ANYONE.**

8. There are other unresolved charges pending against me in _____
County, Mississippi, for which I have neither been arrested nor indicted. The
District Attorney has agreed to take the following action with regard to these
charges:

If Number 8 is not applicable, please write "Not Applicable" in the spaces provided
above.

9. I have () have not () been convicted of one or more felonies in the past. If
applicable, please list the offense(s), the year, and the location in the following
spaces:

10. I am () am not () presently on probation or parole *anywhere in the state or
federal courts of the United States*. I understand that pleading guilty to this
Indictment may cause a revocation of my probation or parole, and that this could
result in a prison sentence and an adjudication of guilt on the underlying offense if
I was not previously adjudicated guilty. Moreover, I understand that if my parole or
probation is revoked, my sentence in this present case may be imposed consecutively
to or in addition to any sentence I may receive if my prior case is revoked. Finally,
I understand that if I am currently a participant in *any* Drug Court Program in *any*
State or Federal jurisdiction, this plea of "GUILTY" may cause a revocation of my
Drug Court participation.

11. I have completed school up to the following grade: _____.
I am physically and mentally competent to enter this plea of "GUILTY." At this
time, I am not under the influence of any drugs, alcohol, or other intoxicants. If I am
taking medication at this time, I hereby certify that I am not taking any illegal
intoxicants, if I am taking any medication, I am taking my medication as prescribed
by my physician, and the medication that I am taking does not impair my ability to
competently enter a plea today.

12. I hereby certify that no officer or agent of any branch of government (federal, state,
and local) or any judge has made any promise or suggestion of any kind to me or, to
my knowledge, anyone else that I will receive a lighter sentence or probation or any
form of leniency if I plead "GUILTY."

13. I FURTHER UNDERSTAND THAT I AM WAIVING MY RIGHT TO APPEAL
ANY ISSUE RELATED TO THE CHARGE(S) IN THIS CASE.

14. If the Court places me on **Probation or Post-Release Supervision**, I understand
that, in addition to the special conditions outlined in the Court's Sentencing Order
that

Defendant's Initials _____

will be attached hereto as Court's Exhibit 1 at the completion of the Court's imposition of sentence, I will be subject to the following conditions:

- a) Commit no offense against the laws of this or any other state of the United States, or the laws of the United States;
 - b) Avoid injurious or vicious habits and persons and places of disreputable or harmful character;
 - c) Report to the Mississippi Department of Corrections as directed by it;
 - d) Permit the Field Supervisor (Probation Officer) to visit Defendant at home or elsewhere;
 - e) Work faithfully at suitable employment so far as possible;
 - f) Remain within a specified area, to-wit: State of Mississippi;
 - g) Support any dependants;
 - h) Possess or consume no alcoholic beverages or mood altering drugs, and possess no firearm or other deadly weapon;
 - i) Pay required fee during each month of probation to the Mississippi Department of Corrections;
 - j) Submit, as provided in Section 47-5-603 of the Mississippi Code of 1972, to any type of breath, oral fluid or urine chemical analysis test, the purpose of which is to detect the possible presence of alcohol or substance prohibited or controlled by any law of the State of Mississippi of the United States, or tests recommended by Defendant's Probation Officer;
 - k) Participate in any recognized program available and recommended by Defendant's Probation Officer;
 - l) Defendant shall be responsible for the *timely* payment of any electronic monitoring which may be imposed during this sentence.
15. I understand that any period of incarceration imposed under said sentence is to be served in the custody of the Mississippi Department of Corrections under the provisions of Mississippi Code Section 47-5-138, as amended, and any portion of said sentence that is served under Post-Release Supervision is to be served under the provisions of Section 47-7-34 of the Mississippi code of 1972, as amended.
16. If I am sentenced to the **15th Judicial District Drug Court**, in addition to the special conditions outlined in the Court's Sentencing Order that will be attached hereto as Court's Exhibit 1 at the completion of the Court's imposition of sentence, I understand that I will be subject to the following conditions:
- a) Commit no offense against the laws of this or any other state of the United States, or the laws of the United States;
 - b) Avoid injurious or vicious habits and persons and places of disreputable or harmful character;
 - c) Report to the Drug Court Personnel, as directed by them;
 - d) Permit the Drug Court Personnel to visit Defendant at home or elsewhere;
 - e) Work faithfully at suitable employment so far as possible;
 - f) Remain within a specified area, to-wit: State of Mississippi;
 - g) Support any dependants;
 - h) Possess or consume no alcoholic beverages or mood altering drugs, and possess no firearm or other deadly weapon;
 - i) Pay the required fee of the Drug Court during each month of probation;

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- j) Submit, as provided in Section 47-5-603 of the Mississippi Code of 1972, to any type of breath, oral fluid or urine chemical analysis test, the purpose of which is to detect the possible presence of alcohol or a substance prohibited or controlled by any law of the State of Mississippi or the United States, or to tests recommended by the Drug Court Personnel;
- k) Participate in any recognized program available and recommended by Defendant's Drug Court Personnel;
- l) Defendant shall attend Alcoholics/Narcotics Anonymous meetings, the Pine Belt Mental Health Program, the ACTS Program, or any other recommended program at the direction of Drug Court Personnel;
- m) Defendant shall be responsible for the *timely* payment of any electronic monitoring which may be imposed during this sentence.

17. Please be advised of the following **warnings**, which may or may not apply to your case:

- a) IF you have been convicted of two (2) or more felonies upon charges separately brought and arising out of separate incidents at different times and have been sentenced to separate terms of one (1) year or more in any State and/or Federal prison institution, be advised that if you are convicted of another felony, you may be sentenced to the maximum term of imprisonment prescribed for such a felony and such sentence shall not be reduced or suspended nor will you be eligible for parole or probation.
- b) IF you have been convicted of two (2) or more felonies upon charges separately brought and arising out of separate incidents at different times and have been sentenced to and served separate terms of one (1) year or more in and State and/or Federal prison institution (assuming that you do serve at least one (1) year on this charge) and one (1) of such felonies was a crime of violence, be advised that if you are convicted of another felony, you may be sentenced to life imprisonment and such sentence shall not be reduced or suspended nor will you be eligible for parole or probation.
- c) If the offense for which you have entered a plea of "GUILTY" is a violation of the Uniform Controlled Substance Law, be advised that, if you are convicted of another offense involving a violation of the Uniform Controlled Substance Law, you will be subject to a sentence which may be double the sentence which applies to your violation.
- d) () I understand that this offense for which I have entered my plea of "GUILTY" is a sex offense under Section 45-33-1, Mississippi Code of 1972, as amended, that I reside in Mississippi. I understand that I have a duty to register with the Mississippi Department of Public Safety **IF**:
 - (1) () I have been twice adjudicated delinquent for a sex offense or an attempted sex offense; or
 - (2) () I have been convicted of a sex offense or an attempted sex offense; or
 - (3) () I have been acquitted by the reason of insanity for a sex offense or attempted sex offense and, therefore, I have a duty to

Defendant's Initials _____

register with the Mississippi Department of Public Safety, Post Office Box 958, Jackson, MS 39205.

I understand that the information required for registration is the following and I hereby submit the required information to the Court attached hereto as Defendant's Exhibit "A" and incorporated fully herein by this reference. The required information is name, address, place of employment, crime for which convicted, date and place of conviction, adjudication or acquittal by reason of insanity, aliases used, social security number, date of birth, age, race, sex height, weight, hair color, eye color, a brief description of the offense(s) for which registration is required, identifying factors anticipated in future residences, offense history and, for sexual predators, documentation of any treatment received for any mental abnormality or personality disorder. I further understand, as part of the registration, my photograph, fingerprints, and blood sample will be taken to be sent, along with the registration information, to the Department of Public Safety. I also understand that, if I change my address, I have a duty to register my new address with the Department of Public Safety and with the designated law enforcement agency in the new state not later than ten (1) days after establishing residence in the new state if it has a registration requirement and also a duty to cooperate with the Department of Public Safety by returning all address verification within the required time.

Defendant's Initials _____

AFFIDAVIT

BEFORE ME, the undersigned authority in and for said County and State, this day personally came and appeared _____ who being by me first duly sworn as the law directs, say on oath that he or she has read the above Petition to Enter Plea of Guilty and that everything contained therein is true and correct and further that his or her attorney has completely and thoroughly reviewed Petition by reading and fully explaining Petition to him or her.

AFFIANT states that he or she fully understands everything contained in the above document and that his or her plea of "GUILTY" is made of his or her own free will.

AFFIANT further states that any false statement made by him or her in this document could subject him or her to prosecution for perjury.

WITNESS MY SIGNATURE, this the _____ day of _____, 20__.

DEFENDANT

20__ SWORN TO AND SUBSCRIBED before me, on this the _____ day of _____,

CIRCUIT CLERK

CERTIFICATE OF COUNSEL

The undersigned, as Lawyer and Counselor for the above Defendant, hereby certifies:

1. I have read and fully explained to Defendant the allegations contained in the Indictment in this case;
2. To the best of my knowledge and belief, the statements, representations and declarations made by Defendant in the foregoing Petition are in all respects accurate and true;
3. I have explained the maximum and minimum penalties for each count to Defendant, and consider him/her competent to understand the charges against him/her and the effect of his/her Petition to Enter a Plea of Guilty;
4. The plea of "GUILTY" offered by Defendant in this Petition accords with my understanding of the facts he/she related to me and is consistent with my advice to Defendant;
5. In my opinion, the plea of "GUILTY" as offered by Defendant in the Petition is voluntarily and understandingly made. I recommend that the Court accept the plea of "GUILTY;"
6. Having discussed this matter carefully with Defendant, I am satisfied, and I hereby certify, in my opinion that he/she is mentally and physically competent; there is no mental or physical condition which would affect his/her understanding of these proceedings; further, I state that I have no reason to believe that he/she is presently operating under the influence of drugs or intoxicants;
7. I have not promised or stated to Defendant that he/she will receive particular sentence nor have I speculated with him/her regarding how much time or percentage of any sentence he/she will have to serve before becoming eligible for any type of release from custody by any means or methods.

Signed by me in the presence of the above-named Defendant and after full discussion of the contents of this certificate with Defendant, this the _____ day of _____, 20____.

ATTORNEY FOR DEFENDANT