

43rd JUDICIAL CIRCUIT, STATE OF MISSOURI

COUNTY OF DEKALB

STATE OF MISSOURI,)	
Plaintiff,)	
)	
v.)	Case No.: _____
)	
_____,)	
Defendant.)	

PETITION TO ENTER PLEA OF GUILTY AND WAIVER OF RIGHTS

The Defendant represents to the Court:

1. My full, true name is _____. I have not gone by any other name(s) except: _____. I am _____ years of age.

I have gone to school: [] up to and including the _____ grade; [] received my GED; [] graduated high school; [] attended/graduated from a post-secondary institution.

2. I am represented by an attorney. His/Her name is _____.

3. I received a copy of the Information (charge) against me. I have read the Information, or had it read to me, have discussed it with my attorney, and I fully understand the nature of every charge against me.

4. I told my lawyer all the facts and circumstances known to me about the charge(s) made against me in the Information. I believe that my lawyer is fully informed on all such matters.

5. I know that the Court must be satisfied that there is a factual basis for a **PLEA OF GUILTY** before my plea can be accepted by the Court. I represent to the Court that I did the following acts in connection with the charge(s) made against me: _____

(In the above space Defendant must set out in detail what he/she did. If more space is needed, add a separate page.)

6. My lawyer has counseled and advised with me on the nature of each charge, on all lesser-included charges, if any, and on all possible defenses that I might have in this case.

7. I know that I may plead **NOT GUILTY** to any offense charged against me even though I am guilty. If I plead **NOT GUILTY**, the Constitution guarantees me, among other possible rights, (a) the right to a speedy and

public trial by jury; (b) the right to see and hear witnesses called to testify against me and to cross-examine all witnesses; (c) the right to use the power and process of the Court to compel the production of any evidence, including the attendance of any witnesses in my favor; (d) the right to have the assistance of a lawyer at all stages of the proceedings; and (e) the right to take the witness stand at my sole option; and, if I do not take the witness stand, no inference of guilt may be drawn from such failure. If I plead **GUILTY**, I waive (or give up) all these rights except the right to have a lawyer help me.

8. I know that if I plead **GUILTY**, there will be not be a trial either before a Court or jury, and the Court may impose the same punishment as if I had pleaded **NOT GUILTY**, stood trial and had been convicted by a jury.

9. I know that in the State of Missouri, the State must prove my guilt beyond a reasonable doubt and to the satisfaction of the jury, and that all twelve (12) jurors must vote to convict me in order for me to be found **GUILTY**.

10. I know that I may be entitled to take this case out of this County and have it tried before a jury in some other county; also I know that I may be entitled to disqualify the regular Judge of this Court and have another Judge from this Circuit appointed to hear my case or accept my plea.

11. My lawyer informed me that the range of punishment which the law provides is _____ to _____ years imprisonment, or _____ to _____ months in the County jail, or a fine not exceeding \$_____, or both the fine and confinement in jail.

12. If I am on probation or parole in this or any other Court, I know that by pleading **GUILTY** here, my probation or parole may be revoked, and I may be required to serve time in that case, which may be consecutive, that is, in addition to any sentence imposed upon me in this case.

13. I declare that no officer or agent of any branch of government (federal, state or local) has promised or suggested that I will receive a lighter sentence, or probation, or any other form of leniency if I plead **GUILTY**, except as follows: _____

The Prosecuting Attorney promised that I plead **GUILTY**, he/she will do the following: _____

(Here insert any promises or concessions made to the defendant or to his/her attorney. If none, insert "No promises or concessions have been made to me or to my attorney.")

If anyone else made any promises or suggestions, except as noted in the previous sentences, I know that he/she had **NO AUTHORITY** to do it. I know that the sentence I will receive is solely a matter within the control of the Judge. I hope to receive leniency, but I am prepared to accept any punishment permitted by law which the Court sees fit to impose, up to and including the maximum sentence(s) authorized by law.

14. Neither I, nor any of my family, friends, or loved ones, have been mistreated, threatened, coerced, or forced in any manner by anyone to get me to plead guilty, nor were there any promises, inducements, or representations made except as set forth in Paragraph 13 above.

15. I believe that my lawyer has done all that anyone could do to counsel and assist me. I have had sufficient time to discuss this matter with him/her prior to my **PLEA OF GUILTY** and I AM SATISFIED WITH THE ADVICE AND HELP HE/SHE HAS GIVEN ME.

16. I know that the Court will not permit anyone to plead **GUILTY** who maintains he is entirely innocent, and with that in mind, and because I **AM GUILTY**, I wish to plead **GUILTY** and respectfully request the Court to accept my **PLEA OF GUILTY**. I state that I am pleading **GUILTY** only because I am guilty of the crime(s) to which I am pleading **GUILTY** and for no other reason.

17. My mind is clear, and I am not mentally ill. I am not under the influence of alcohol or drugs, and I am not under a doctor's care. The only drugs, medicines, or pills that I have taken, or doctor's care received, within the past 7 days, include: _____
_____. (If none, so state.)

18. I do not have any complaints against law enforcement officials concerning my treatment while in jail. I had sufficient food, water, medical care, and bedding, and I was not mistreated by any inmate or guard while in jail. There are no exceptions to any of these statements, except: _____
_____. (If none, so state.)

19. I understand that there may be collateral consequences resulting from my **PLEA OF GUILTY** that may or may not be known to me at this time. Collateral consequences may include, but are not limited to: suspension/revocation of my driver's license, suspension/revocation of any professional license, reporting as a sexual offender, or DEPORTATION. My lawyer has advised me of all the collateral consequences he/she is aware of, I accept those consequences as a part of my **PLEA OF GUILTY**. I understand that pleading **GUILTY** to a felony offense is a serious matter and that there may be other collateral consequences, as yet unknown, that will now or at some future, date apply to me.

20. I am a member of the following profession licensed by the State of Missouri: _____
_____.

20. My attorney, to the best of my knowledge, has conveyed any and all formal plea agreement and/or offers made by the Prosecuting Attorney to me. I have asked my lawyer if he/she did so convey any and all formal plea agreements/offers and he/she stated he/she did.

21. I OFFER MY **PLEA OF GUILTY** FREELY AND VOLUNTARILY AND OF MY OWN ACCORD AND WITH FULL UNDERSTANDING OF ALL THE MATTERS SET FORTH IN THE INFORMATION AND IN THIS PETITION SIMPLY BECAUSE I AM **GUILTY** AS CHARGED.

22. I have read, or had it read to me so that I can understand it, and my lawyer has explained to me the contents of this Petition to Enter Plea of Guilty this ____ day of _____, _____.

Each of these pages were signed by me in the presence of my lawyer this ____ day of _____, _____.

Defendant's Signature

Defendant

Attorney for Defendant

COURT INFORMATION ONLY
(To be completed by Defendant)

Date of Birth: _____

Address: _____
 Street City State Zip

Telephone Number: _____ . This is my: [] Cell [] Home

Employer: _____

Employer’s Address: _____
 Street City State Zip

Employer’s Telephone Number: _____

43rd JUDICIAL CIRCUIT, STATE OF MISSOURI

COUNTY OF DEKALB

STATE OF MISSOURI,)
Plaintiff,)
)
v.) Case No.: _____
)
_____,)
Defendant.)

CERTIFICATE OF COUNSEL

The undersigned, as lawyer and counselor for the above named Defendant hereby certifies:

1. I have read and fully explained to the Defendant the allegations contained in the Information in this case.
2. To the best of my knowledge and belief, the statements, representations, and declarations made by the Defendant in the foregoing Petition to Enter Plea of Guilty are in all respects accurate and true.
3. I have explained the range of punishment for each count to the Defendant.
4. The PLEA OF GUILTY offered by the Defendant in Paragraph 16 accords with my understanding of the facts he/she related to me and is consistent with my advice to the Defendant.
5. I have investigated the circumstances of this case and have explored all avenues leading to facts relevant to guilt and degree of guilt or penalty. I have made efforts to secure information in the possession of the prosecution and law enforcement authorities.
6. In my opinion the PLEA OF GUILTY offered by the Defendant in Paragraph 16 of the Petition is voluntarily and understandingly made. I recommend that the Court accept the PLEA OF GUILTY.
7. I have explained to the Defendant that there may be collateral consequences resulting from his/her PLEA OF GUILTY that may or may not be known at this time. Collateral consequences may include, but are not limited to: suspension/revocation of driver's license, suspension/revocation of any professional license, reporting as a sexual offender, or DEPORTATION. I certify that I have advised him/her of all the collateral consequences that I am aware of.
8. I have, to the best of my knowledge, conveyed any and all formal plea agreements and/or offers made by the Prosecuting Attorney to the Defendant.

Defendant

Attorney for Defendant

9. I signed each page of the Petition to Enter Plea of Guilty along with my client who signed each page in my presence of his/her own free will, and after full discussion of the contents of this Certificate with the Defendant this _____ day of _____, _____.

Attorney for Defendant

Defendant

Attorney for Defendant