

IN THE CIRCUIT COURT OF _____ COUNTY, MISSISSIPPI
TENTH JUDICIAL DISTRICT

STATE OF MISSISSIPPI

VS.

CAUSE NO.: _____

DEFENDANT

DOB: _____

ADDR: _____

SSN: _____

DL#: _____

RACE: _____

HAIR COLOR: _____

GENDER: _____

EYE COLOR: _____

PETITION TO ENTER PLEA OF GUILTY

The Defendant, after having been first duly sworn, on his/her oath, represents and states unto the Court the following:

1. My full name is _____. I am also known as _____
_____. I request that all proceedings against
be had in my true name.
2. I am represented by a lawyer whose name is _____.
3. In the above referenced indictment, I have been charged with the crime of _____
_____.

If I am convicted of that charge, I could be sentenced to:

_____ years imprisonment and/or
(minimum to maximum)

a fine of \$ _____
(minimum to maximum)

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

AND REQUEST THE COURT TO ACCEPT MY PLEA OF GUILTY TO SAID
CHARGE(S).

4. I told my lawyer all the facts and circumstances known to me about the charge(s) against me. I believe that my lawyer is fully informed on all such matters. My lawyer has counseled and advised me on the nature of each charge, on any and all lesser included charges, and on all possible defenses that I might have in this case.

I believe that my lawyer has done all that anyone could do to counsel and assist me, and I am satisfied with the advice and help he/she has given me. After consulting with my lawyer, I am entering my plea of "GUILTY" freely and voluntarily and of my own accord and with full understanding of all matters set forth in the indictment and in this petition and in the certificate of my lawyer which follows. _____

(initial)

5. I understand that I may plead "NOT GUILTY" to any offense charged against me. If I choose to plead "NOT GUILTY" the Constitution guarantees me:

- (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 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;
- (e) the presumption of innocence; i.e. the State must prove beyond a reasonable doubt that I am guilty;
- (f) the right to take the witness stand at my sole option; and, if I do not take the witness stand, 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 a trial on the charge(s) in the indictment.

Knowing and understanding these Constitutional guarantees, I hereby waive them and renew my desire to enter a plea of "GUILTY." _____

(initial)

6. I also understand that if I plead "GUILTY," the Court may impose the same punishment as if I had plead "NOT GUILTY," stood trial and been convicted.

7. I know that if I plead "GUILTY" to this charge(s) of

the possible sentence is: _____ years imprisonment
(minimum to maximum)

and/or a fine of \$ _____.
(minimum to maximum)

_____ a. I know also that the sentence is up to the Court; that the Court
(initial) is not required to carry out any understanding made by me and
my attorney with the District Attorney; and further, that the Court is not
required to follow the recommendation of the District Attorney, if any. If the
Court does not accept the plea bargain agreement, I have the right to
immediately withdraw my guilty plea. The District Attorney shall make the
following recommendation concerning my sentence and I have agreed to accept
the same, as follows:

_____.

_____ b. I enter a blind plea; both the District Attorney and I shall have
(initial) to present testimony and evidence at the sentencing hearing, as
well as make a recommendation of sentence to the Court.

CIRCUIT JUDGE:

() The above referenced plea bargain does not contain the payment of fine, costs
or restitution as a condition of probation.

() The above referenced plea bargain includes the payment of fines, costs or
restitution as part of the recommendation, and the Court has questioned the
Defendant concerning his/her ability to pay these amounts and has informed the
Defendant that a failure to pay may result in revocation of the suspended sentence.
The Defendant has informed me that he/she is able to make these payments
together with the applicable supervision fee.

CIRCUIT JUDGE

8. There are other charges pending against me in _____ County, Mississippi for which I have either been indicted or arrested. The District Attorney has agreed to take the following actions in respect to these pending charges:

_____.
(If not applicable, please initial _____ and write "not applicable" in the spaces above.)

9. I **have / have not** been convicted of one or more felonies in the past, as follows:_____

_____.

10. I **am / am not** presently on probation or parole. I understand that pleading guilty in this case may cause revocation of my probation or parole, and that this could result in a sentence of _____ years in that case. I further understand that if my parole or probation is revoked, any sentence in this case may be consecutive to or in addition to any sentence in that case.

11. I am _____ years of age. I have gone to school up to and including _____; my physical and mental health is presently satisfactory. At this time, I am not under the influence of any drugs or intoxicants (nor was I at the time the crime was committed), except:

_____.

12. (a) I **am / am not** a student of any public or private educational institution of this State; or

(b) I **am / am not** employed as certified personnel by any public or private elementary or secondary school in this State. If I am a student or certified personnel, I understand the reporting requirements of Miss. Code Ann. § 37-11-29 and § 37-3-51, in that the Circuit Clerk is required to report my conviction to the educational institution if I am a student and to the State Department of Education if I am certified personnel. Further, the name and address of the school or educational institution to which I attend or am certified personnel is:

_____.

13. I do not claim to now be, nor have I ever suffered from any type of mental disease or disorder, except:

_____.

14. Other than what may be reflected in paragraphs 7 and 8, I declare that no officer or agent of any branch of government (Federal, State or local) or Judge has made any promise or suggestion of any kind to me, or within my knowledge to anyone else, that I will receive a lighter sentence, or probation, or any form of leniency if I plead "GUILTY" except:

_____.

15. I further understand that if I plead "GUILTY," I waive my right to appeal on any issue concerning the charge(s) in the indictment.

16. I plead "GUILTY" and request the Court to accept my plea of "GUILTY" and to have entered my plea of "GUILTY" on the basis of (state involvement in crime):

_____.

(initial)

17. Check and initial if applicable:

a. () I understand that I have now been convicted of two 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. If I am convicted of another felony, I will be sentenced to the maximum term of imprisonment prescribed for such felony, and such sentence shall not be reduced or suspended nor will I be eligible for parole or probation. _____

(initial)

b. () I understand that I have now been convicted twice of any felony or federal crime 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 any state and/or federal penal institution (assuming I do serve at least one year on this charge), and one of such felonies was a crime of violence. If I am convicted of any other felony, I will be sentenced to life imprisonment and such sentence shall not be reduced nor suspended nor will I be eligible for parole or probation. _____

(initial)

c. () I understand that this offense for which I have entered my plea of guilty is a violation of the Uniform Controlled Substance Law. If I am convicted of another offense involving a violation of the Uniform Controlled Substance Law, I will be subject to double the sentence which applies to the violation. _____

(initial)

d. () I understand that this offense for which I have entered my plea of guilty is a sex offense under Miss. Code Ann. § 45-33-25, that I reside, am employed and/or attend school in this State and that I:

- () 1. have been twice adjudicated delinquent for a sex offense or attempted sex offense; or
- () 2. have been convicted of a sex offense or attempted sex offense; or
- () 3. Have been acquitted by reason of insanity for a sex offense or attempted sex offense;

and therefore; I have a duty to register with the Mississippi Department of Public Safety, P.O. Box 958, Jackson, MS 39205. In addition to registering with the Department of Public Safety, I understand that I must also register with the sheriff's department of every county where I live, work and/or attend school. I understand that the information required for registration with the responsible agency is the following:

- i. name, including a former name which has been legally changed;
- ii. street address of all current permanent and temporary residences within state or out of state where offender habitually lives, including temporary lodging;
- iii. date, place and address of employment, including volunteer service, unpaid internships, transient or day-labor work
- iv. crime for which charged, arrested or convicted;
- v. date and place of conviction, adjudication or acquittal by reason of insanity;
- vi. aliases used or nicknames, ethnic or tribal names by which commonly known;
- vii. social security number and any purported social security numbers;
- viii. date and place of birth and any purported date and place of birth;
- ix. age, race, sex, height, weight, hair and eye colors, and any other physical description or indentifying factors;
- x. brief description of offense(s) for which registration is required;
- xi. driver's license or state or other jurisdiction identification card number, which license or card may be electronically accessed by the Department of Public Safety;
- xii. anticipated future residence;
- xiii. if registrant's residence is a motor vehicle, trailer, mobile home or manufactured home, the registrant shall also provide vehicle identification

number, license tag number, registration number and description, including color scheme, of motor vehicle, trailer, mobile home or manufactured home; if registrant's place of residence is a vessel or houseboat, registrant shall also provide hull identification number, manufacturer's serial number, name of the vessel or houseboat, registration number and description, including color scheme of the vessel or houseboat, including permanent or frequent locations where motor vehicle, trailer, mobile home, manufactured home, vessel or household is kept;

- xiv. Vehicle make, model, color and license tag number for all vehicles owned or operated by the sex offender, whether for work or personal use, and permanent or frequent locations where vehicle is kept;
- xv. Offense history;
- xvi. Photograph;
- xvii. Fingerprints and palm prints;
- xviii. Documentation of any treatment received for any mental abnormality or personality disorder;
- xix. Biological sample;
- xx. Name of any public or private educational institution, including any secondary school, trade or professional institution or institution of higher education at which offender is employed, carries on a vocation (with or without compensation) or is enrolled as a student, or will be enrolled as a student, and registrant's status;
- xxi. Copy of conviction / sentencing order for sex offense for which registration is required;
- xxii. Offender's parole, probation or supervised release status and the existence of any outstanding arrest warrants;
- xxiii. Every online identity, screen name or username used, registered or created by a registrant;
- xxiv. Professional licensing information which authorizes the registrant to engage in an occupation or carry out a trade or occupation;
- xxv. Information from passport and immigration documents;
- xxvi. All telephone numbers, including, but not limited to, permanent residence, temporary residence, cell phone and employment phone numbers, whether landlines or cell phones; and
- xxvii. Any other information deemed necessary.

I understand that I shall not reside within one thousand five hundred (1,500) feet of the real property comprising a public or nonpublic elementary or secondary school, child care facility, residential child-caring agency, children's group care home or any playground, ball park or other recreational facility utilized by persons under the age of eighteen (18) years, unless I fall within the exceptions of MCA § 45-33-25(4).

I understand that if I change my residence address, including temporary lodging, I have a duty to inform the Department of Public Safety not less than ten (10) days before first residing at the new address.

I understand that if I change my name, employment, or status of my enrollment, employment or vocation at any public or private education institution, including any secondary school, trade or professional institution or institution of higher education, that I have a duty to personally appear at a Department of Public Safety Driver's License Station within three (3) business days of the change. I understand I have a duty to cooperate with the Department by returning all address verification within the required time.

I understand that I have a duty to report any change of vehicle information, e-mail address or addresses, instant message address or addresses, or other designation used in internet communications, postings or telephone communications to the Department within three (3) days of any such change.

I understand the continuing registration requirements of MCA § 45-33-1 as being:

A registrant shall re-register every ninety (90) days: _____
(initial)

- a. I shall personally appear at a Department of Public Safety Driver's License Station to re-register every ninety (90) days.
- b. I must personally submit current information and photograph to the Department and the verification of registration information, including the street address and telephone number of the place where I reside, the street address and telephone number of my employment or status at a school, along with any other registration information that may need to be verified and the payment of any required fees.
- c. If I fail to re-register and obtain a renewal sex offender registration card as required by MCA § 45-33-1, I will be violation of the law.

ACKNOWLEDGEMENT

I, the Defendant in this cause, do hereby acknowledge that I have received a certified filed copy of this Petition to Enter Guilty Plea and that the duties to register have been explained to me.

DEFENDANT

e. () Section 17 a, b, c and d are not applicable. _____
(initial)

18. I understand that whether I am released from custody prior to the end of my sentence is within the sole discretion of the Mississippi Department of Corrections. I understand that the granting of or refusal of parole, earned released supervision, intensive supervision placement (house arrest) or any other form of early release is within the control of the Mississippi Parole Board or the Mississippi Department of Corrections. I further understand that my attorney may have made an estimation to me of whether I might be released on parole, house arrest or any other form of early release, but whether said release is granted is entirely up to the Parole Board or the Mississippi Department of Corrections. _____
 (initial)

19. I hereby certify that I am entitled to _____ days credit for pretrial jail time on this conviction. _____
 (initial)

<u>Dates in Custody</u>	<u>Total Number of Days</u>
_____	_____
_____	_____
_____	_____

20. I understand that if there is an immigration issue or a contested immigration issue as to my citizenship status, then my rights may be affected by a guilty adjudication.

SIGNED AND SWORN TO BY ME, on the _____ day of _____, _____, with the full knowledge that every person who shall willfully and corruptly swear, testify or affirm falsely to any material matter under oath, affirmation or declaration legally administered in any matter, cause or proceeding pending in any court of law or equity shall upon conviction be punished by imprisonment in the penitentiary not more than 10 years.

 DEFENDANT

WITNESS:

 ATTORNEY FOR DEFENDANT

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of _____, _____.

 NOTARY PUBLIC

My Commission Expires:

CERTIFICATE OF COUNSEL

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

1. I have read and fully explained to the Defendant the allegations contained in the indictment in this case.
2. To the best of my knowledge and belief the statements, representations and declaration made by the 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 the 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 the Defendant in this Petition accords with my understanding of the facts he/she related to me and the facts alleged by the State. It is consistent with those facts and the law.
5. In my opinion the plea of "GUILTY" as offered by the Defendant in this Petition is voluntarily and understandingly made.
6. Having discussed this matter carefully with the 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. (Any exceptions to this should be stated by counsel on the record.)

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

ATTORNEY FOR DEFENDANT

RESTITUTION ASSESSMENT SHEET

DEFENDANT

CASE #

Please list below each victim and amount owed per victim.

VICTIM	AMOUNT OWED
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Name of person providing itemization of above information: _____

Please do not add restitution that has been previously ordered in other cases. Restitution that has been established in other cases will need to remain payable in those case(s) as ordered. List those cause numbers below.
