## IN THE CIRCUIT COURT, FOURTH JUDICIAL CIRCUIT, IN AND FOR DUVAL COUNTY, FLORIDA

## STATE OF FLORIDA

CASE NO.: DIVISION: CR-

VS.

Defendant.

## Plea of Guilty without Negotiated Sentence

At this time, I wish to withdraw my prior plea of not guilty, if one has been entered, and instead enter a plea of (check your selection):

Guilty because I am guilty of the offense(s) as outlined on this plea form and in the plea colloquy; or,

Guilty because it is in my best interest (offense(s) as outlined on this plea form and in the plea colloquy)

Count	Charge	Degree (eg F3; M1)	Max Sentence (Indicate if a minimum mandatory applies)	Maximum Fine

\_\_\_\_ Document attached with additional count(s)

## **Terms of Plea**

Terms of Plea of Guilty:

\_\_\_\_\_ State agrees to drop count(s) \_\_\_\_\_\_ / Case Number(s) \_\_\_\_\_\_

I \_\_\_\_\_ am \_\_\_\_ am not entitled to a Pre-Sentence Investigation report under Florida Rule of Criminal Procedure 3.710. \_\_\_\_\_ If I am entitled to a report, I agree to waive my right to such a report.

I am represented by a lawyer whose signature appears below. I have told my lawyer all the facts and circumstances about the charges against me. 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 have had ample time to discuss this agreement with my attorney. My attorney and I have read this agreement regarding my guilty plea together in private, and my attorney has explained all portions of this agreement to my complete understanding and satisfaction. We have fully discussed all aspects of the case, including all possible defenses to all charges, including self defense and any defense based upon any disability, disease, insanity, or intoxication. My attorney has given me the opportunity to ask questions and has answered all of my questions fully and completely. My attorney has taken all actions requested by me, or has explained to my satisfaction and agreement why such actions should not be taken, and I concur with my attorney's decisions in that regard. I am completely satisfied with the services rendered by my attorney on my behalf in this case.

Advice of Rights: I understand if the court accepts my plea(s) I give up my right to a trial, at which I would have the following rights: (1) to have a jury determine whether I am guilty or not guilty, or to have a judge make such a determination in a non-jury hearing; (2) to see and hear witnesses testify and to have my lawyer question them for me; (3) to subpoen and present witnesses and items in evidence in my defense and to present any defense I might have to a jury or judge; (4) to testify or remain silent: (5) to require the prosecutor to prove my guilt by admissible evidence beyond a reasonable doubt before I can be found guilty. I further understand that I give up my right to appeal all matters except court rulings entered after this plea is entered, an illegal sentence, or the court's jurisdiction to hear my case, and notice of such an appeal must be filed within 30 days of the entry of my sentence. My lawyer has explained to me what an appeal is, and I understand that changing my mind about entering this plea, after it is accepted, will not require the court to let me withdraw it, nor will it make the court's sentence illegal or deprive the court of authority to sentence me.

I understand that I will be required to pay mandatory fees and costs that will be assessed against me and that the Court may assess additional discretionary costs. I also understand that the Court may require me to pay restitution.

Other than the agreement, if any, contained on this plea form, no promise or suggestion of any kind has been made to me, no one has subjected me to any force, threat, duress, intimidation or pressure to influence me in any way to enter this plea.

I have read the Information or Indictment in this case, and I understand the charges to which I am pleading. I stipulate that there is a factual basis described in court documents to support the charge(s) against me.

My lawyer has advised me of considerations bearing on the choice of which plea(s) to enter, and the advantages and disadvantages of such plea(s), and the likely results thereof, as well as possible alternatives available to me.

The Plea contained on this form was concluded by me and my attorney with my full and complete consent and agreement. I fully agree with the efforts of my attorney. I believe that my lawyer has done all that a competent attorney could do to counsel and assist me. I am satisfied with the advice and help s/he has given me. Even though I have been assisted and advised by my lawyer, the decision to plead guilty is mine alone and is made by me after considering the advice and counsel of my lawyer.

**JIMMY RYCE / SEX OFFENDER WARNING:** I understand that if I am pleading to or if I have previously been convicted of a sexually motivated offense, as that term is defined in Section 394.912, Florida Statutes, my plea in this case may subject me to the provisions of the Jimmy Ryce Civil Commitment Act, Florida Statutes, Section 394.910, et seq., which allows the State to commit me to a secure treatment facility for an indefinite period of time.

I have also been advised that if I am pleading to a qualifying sexually related offense as enumerated by Florida Statutes, I could be required at any time to register as a sexual offender or sexual predator not as a sentence or punishment, but as a status.

**IMMIGRATION AND NATURALIZATION WARNING:** I understand that if I am not a United States Citizen, this plea and the resulting sentence will lead to my deportation pursuant to the laws and regulations governing the United States Department of Homeland Security / Immigration and Naturalization Services; and in some instances, depending on the nature of the offense, I will be mandatorily deported. I have consulted with my lawyer regarding this issue and I am satisfied with the answers he/she has given me.

**DRIVER'S LICENSE SUSPENSION WARNING:** I understand that if I am convicted of certain drug offenses or driving offenses, the Florida Department of Highway Safety and Motor Vehicles may administratively suspend my driving privileges without any input from the court.

I am not under the influence of any substance, drug or condition which interferes with my appreciation of the entire plea agreement into which I am entering and all consequences thereof; I have not been deprived of, and properly taking, any medication which is essential to my full, complete and unimpaired understanding of the plea agreement and these proceedings.

Entered into in open court this \_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_.

Defendant Print Name Assistant State Attorney<sup>2</sup> Print Name: \_\_\_\_\_\_ Fla. Bar No.:

Attorney for Defe	ndant <sup>1</sup>
Print Name:	
Fla. Bar No.:	

Circuit Judge

<sup>1</sup> By signing this form Defense counsel certifies that (s)he has explained this form to the defendant and answered all the defendant's questions including but not limited to the ramifications of entering the plea of guilty contest and the possible consequences of the plea, the terminology of the form if the defendant is unfamiliar with the terms used, and the defendant's exercise of his/her rights and the effect of waiving those rights.

<sup>2</sup> By signing this form the Assistant State Attorney certifies to this court that all known exculpatory evidence, physical or otherwise, has been disclosed in discovery, including but not limited to any physical evidence which may be exculpatory in nature and that may be DNA tested.