

STATE OF LOUISIANA

DOCKET NUMBER(S): _____

VERSUS

22ND JUDICIAL DISTRICT COURT

PARISH OF ST. TAMMANY

FILED: _____

DEPUTY CLERK

PLEA OF GUILTY AND WAIVER OF RIGHTS AND ASSESSMENT AGREEMENT

I, _____, _____, _____,
PRINT FULL LEGAL NAME DATE OF BIRTH SOCIAL SECURITY NUMBER

desire to enter a plea of guilty to the charge(s) filed in this docket number. I have been informed of and understand the charge(s) to which I am pleading, as well as the following rights:

- INITIALED _____ 1. My right to be represented by an attorney at each stage of the proceedings and if I cannot afford an attorney, one will be appointed to represent me at trial and on appeal.
- _____ 2. My right to plead not guilty and go to trial by judge or jury.
- _____ 3. At trial, the State would have the burden of proving my guilt beyond a reasonable doubt and I would have the right to: the assistance of an attorney; to confront and cross-examine the witnesses who testify against me, and to subpoena witnesses to testify on my behalf and my privilege against self-incrimination. I could not be compelled to take the stand and testify and my failure to testify could not be held against me.
- _____ 4. By pleading guilty, there will be no trial because I am waiving my right to a trial and all the above rights. I am entering this guilty plea because I did in fact commit the crime(s), as alleged. I have not been forced, threatened or intimidated to make this guilty plea.
- _____ 5. I understand the nature, elements and sentence range of the crime(s) I am charged with committing. By pleading guilty, I will be convicted of these offenses and I understand they can be used to enhance the sentences of future convictions, and that there may be consequences to my civil rights and right to bear arms.
- _____ 6. I understand that if I am not a citizen of the United States, this guilty plea may result in my deportation, my exclusion from admission to this country, and/or the denial of naturalization under United States law.
- _____ 7. I waive my right to request a free transcript of my guilty plea unless I state a particularized need. I have two years to file for post conviction relief.
- _____ 8. I further declare my plea of guilty is free and voluntary, that no additional understandings, promises, or conditions have been entered into other than that contained in the plea colloquy conducted in open court on the record.
- _____ 9. Prior to the completion of the sentencing process, I agree to be assessed for a Speciality Court. My sentence may be imposed or modified after assessment. I understand I will not be allowed to withdraw my guilty plea because of the sentence imposed or modified as a result of the Speciality Court Assessment.

I am satisfied the defendant understands the constitutional rights set forth above, and that the guilty plea and waiver of rights are freely, voluntarily and intelligently made. I certify that I have explained the contents of this form to the defendant.

I am freely and voluntarily waiving these constitutional rights and pleading guilty. This form has been explained to me to my satisfaction and I understand all of these rights and the nature of the charge(s).

(signature)

Covington, Louisiana, this ____ day of

(printed)

_____, 20__.

ATTORNEY FOR DEFENDANT

(signature) DEFENDANT

I have advised the defendant in open court of all the above rights. I am satisfied that the defendant understands these rights, that (s)he knowingly and intelligently waived these rights, that his/her plea is free and voluntary and not the result of force, threats or promises apart from this plea agreement, that the plea has a basis in fact and law and I will accept his/her guilty plea.

DISTRICT JUDGE

DATE