

IN THE CIRCUIT COURT OF PERRY COUNTY, MISSISSIPPI

STATE OF MISSISSIPPI

VERSUS

CAUSE NO. _____

DEFENDANT

FIRST MIDDLE LAST

Race: _____

Gender: _____

SSN: _____

DOB: _____

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 _____.
3. In the above referenced indictment, I have been charged with committing the crime of _____. If convicted of that charge, I can be sentenced to serve a term of from _____ years (minimum) to _____ years (maximum) and/or be fined an amount from \$_____ (minimum) to \$_____ (maximum).

I DESIRE TO PLEAD GUILTY TO THE CHARGE OR CHARGES OF:

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

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 (a) on the nature of each charge, (b) on any and all lesser included charges(s), and (c) on all possible defenses I might have to these charge(s). I believe that my attorney has done all that anyone could do to counsel and assist me, and I am satisfied with the advice and help 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 full understanding of all matters set forth in the indictment, in this petition, and in the certificate of my attorney which is included at the end of this petition. _____
(initials of the Defendant)

5. I understand that I may plead "NOT GUILTY" to any charge against me and that if I choose to plead "NOT GUILTY" the 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 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 any 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 take the witness stand at my sole option and, if I do not take the witness stand, I understand that the jury may be told that this shall not be held against me; and
 - 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 the Constitutional guarantees set forth in this paragraph, I hereby waive all of them and renew my desire to enter a plea of "GUILTY."
_____ (initials of the Defendant)

6. I also 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 know that if I plead "GUILTY" to the charge(s) of _____, the possible sentence which may be imposed on me is imprisonment for a term of from _____ years (minimum) to _____ years (maximum) and/or be fined an amount of \$ _____ (minimum) to \$ _____ (maximum).
8. There are other unresolved charges pending against me in _____ County, Mississippi, for which I have either been arrested or indicted. The District Attorney has agreed to take the following action with regard to these charges:

If this provision of No. 8 is not applicable, please write "Not Applicable" in the spaces provided above and initial at the end of this sentence. _____ (initials of the Defendant)

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

10. I am () am not () presently on probation or parole. I understand that pleading guilty to this indictment may cause a revocation of my probation or parole, and that this could result in a sentence of _____ years being imposed on me in my prior case. I further 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 get in my prior case if revoked.

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

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

13. Other than the information stated in paragraph No. 7 and 8 herein above, I declare 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" except:

- a. _____ I know that the sentence is up to the Court; that the Court 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 this plea recommendation, 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 same, as follows:

b. _____ I enter a blind plea. Both the District Attorney and I shall have the opportunity to present testimony and evidence at a sentencing hearing as well as make a recommendation of sentence to the court.

14. I further understand that if I plead “GUILTY,” I waive my right to appeal on any issue concerning the charge(s) in the indictment in this case.

15. I hereby plead “GUILTY” on the basis of my involvement in the offense charged in the indictment as stated hereinafter, and I request the Court to accept my plea of “GUILTY”:

16. If any of the following subparagraphs are applicable, place a check in the () and place your initials at the end of the subparagraph:

a. () I understand that I have now 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. If I am convicted of another felony, I may 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. _____ (initials of the Defendant)

b. () I understand that I have now 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 any state and/or Federal prison institution (assuming that I do serve at least one (1) year on this charge) and one (1) of such felonies was a crime of violence. If I am convicted of another felony, I may be sentenced to life imprisonment, and such

sentence shall not be reduced or suspended, nor will I be eligible for parole or probation. _____ (initials of the Defendant)

- c. () I understand that this offense for which I have entered my plea of guilty is a violation of the Uniform Controlled Substance Law and that, if I am convicted of another offense involving a violation of the Uniform Controlled Substance Law, I will be subject to a sentence which may be double the sentence which applies to my violation. _____ (initials of the Defendant)
- d. () I understand that this offense for which I have entered my plea of guilty is a sex offense under Section 45-33-23, Mississippi Code of 1972, as amended, that I reside in Mississippi, and that:
 - i. () I have been twice adjudicated delinquent for a sex offense or an attempted sex offense; or
 - ii. () I have been convicted of a sex offense or an attempted sex offense; or
 - iii. () I have been acquitted by the 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, 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 on Exhibit "A" which is attached to this sworn petition, and which is 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 or offenses for which registration is required, identifying factors anticipated future residents, 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 (10) 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.

I further understand that the continuing registration requirements in Section 45-33-25 are (check and initial one of the following):

- 1) On the anniversary of a registrant's initial registration during the period which a person is not found to be a sexual predator is not relieved of the duty to register
 - a) The Department of Public Safety shall mail a non-forwardable verification form to my last reported address;
 - b) That I must mail the verification form to the Department of Public Safety within ten (10) days after receipt of the form, stating whether I still reside at the address last reported; and
 - c) That if I do not mail the verification form to the Department of Public Safety within ten (10) days after receipt of the form, I will be in violation of Section 45-33-25 unless I prove that I have not changed my residence address.

_____ (initials of the Defendant)
- 2) A registrant who is found to be a sexual predator shall re-register every ninety (90) days:
 - a) The Department of Public Safety shall mail a non-forwardable verification form to my last reported address every ninety (90) days;
 - b) That I must mail the verification form to the Department of Public Safety within ten (10) days after receipt of the form, stating whether I still reside at the address last reported; and
 - c) That, if I do not mail the verification form to the Department of Public Safety within ten (10) days after receipt of the form, I will be in violation of Section 44-33-25 unless I prove that I have not changed my residence address.

_____ (initials of the Defendant)

e. () Neither set of items A, B, or C of Paragraph 16 are applicable to me.

ACKNOWLEDGMENT

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

DEFENDANT

17. I hereby certify that I am entitled to a credit on my sentence imposed herein for the time which I spent in jail prior to being convicted.

_____ (initials of the Defendant)

THIS PETITION IS SIGNED AND SWORN TO ME on the _____ day of _____, 20____, 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 legal 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 for a term not to exceed ten (10) years.

DEFENDANT

ATTORNEY FOR DEFENDANT AS WITNESS

SWORN AND SUBSCRIBED BEFORE ME, this the _____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires:

CERTIFICATE OF COUNSEL

The undersigned, as Attorney and Counselor for the above-named Defendant, certifies:

1. I have read and fully explained to the Defendant the allegations contained in the indictment in this cause.
2. To the best of my knowledge and belief, the statements, declarations, and representations made by the Defendant in the foregoing petition are, in all respects, true and accurate.
3. I have explained the maximum and minimum penalties for each count in the indictment to the Defendant and consider the Defendant competent to understand the charge(s) against the Defendant and the effect of the Defendant's 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 the Defendant related to me and the facts alleged by the State; the plea is consistent with those facts and the law.
5. In my opinion, the plea of "GUILTY," as offered by the Defendant, 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 the Defendant is mentally and physically competent and that there is no mental or physical condition which would affect the Defendant's understanding of those proceedings. Further, I state that I have no reason to believe that the Defendant is presently operating under the influence of drugs or intoxicants. (Any exceptions to this statement would be stated in detail on record by the Attorney.)

SIGNED BY ME in the presence of the above-named Defendant after a full discussion of the contents of this Petition with the Defendant this the ____ day of _____, 20__.

ATTORNEY FOR THE DEFENDANT