

SUPERIOR COURT OF CALIFORNIA	<i>Reserved for Clerk's File Stamp</i>	
COUNTY: COUNTY OF YOLO		
PLAINTIFF: PEOPLE OF THE STATE OF CALIFORNIA		
DEFENDANT:		
MISDEMEANOR ADVISEMENT OF RIGHTS, WAIVER, AND PLEA FORM	CASE NUMBER:	DEPARTMENT:

INSTRUCTIONS

Fill out this form if you wish to plead guilty or no contest to the charges against you. Initial the box for each applicable item only if you understand it, and **sign and date the form on page 3**. If you have any questions about your case, the possible sentence, or the information on this form, ask your attorney or the judge.

RIGHT TO AN ATTORNEY

1. I understand that I have the right to be represented by an attorney throughout the proceedings. I understand that the Court will appoint a free attorney for me if I cannot afford to hire one, but at the end of the case, I may be asked to pay all or part of the cost of that attorney, if I can afford to. I understand that there are dangers and disadvantages to giving up my right to an attorney, and that it is almost always unwise to represent myself.

NATURE OF THE CHARGES (Complete all items you are charged with.)

2. I understand that I am charged with the following offense(s):

TYPE OF OFFENSE(S) AND SECTION NUMBER(S)

3. **If applicable** - I understand that I am also charged with having the following **prior conviction(s)**:

LIST OFFENSE(S), CASE NUMBER(S) AND DATE(S)

4. **If applicable** - I understand that I am also charged with violating the **probation order** in the following case(s):

CASE NUMBER(S) AND DATE(S)

5. I understand the charge(s) against me, and the possible pleas and defenses.

CONSTITUTIONAL RIGHTS

6. **RIGHT TO A JURY TRIAL** - I understand that I have the right to a speedy, public jury trial. At the trial, I would be presumed innocent, and I could not be convicted unless 12 impartial jurors were convinced of my guilt beyond a reasonable doubt.

7. **RIGHT TO CONFRONT WITNESSES** - I understand that I have the right to confront and cross-examine all witnesses testifying against me.

8. **RIGHT AGAINST SELF-INCRIMINATION** - I understand that I have the right to remain silent and not incriminate myself, and the right to testify on my own behalf. I understand that by pleading guilty or no contest, or admitting prior conviction(s) or probation violation(s), I am incriminating myself.

9. **RIGHT TO PRODUCE EVIDENCE** - I understand that I have the right to present evidence and to have the Court issue subpoenas to bring into court all witnesses and evidence favorable to me, at no cost to me.

INITIALS ↓
1.
2.
3.
4.
5.
6.
7.
8.
9.

RIGHTS ON CHARGES OF PRIOR CONVICTION(S) AND PROBATION VIOLATION(S)

INITIALS ↓

10. **If applicable** - I understand that I have the right to an attorney, the right to a jury trial, the right to confront witnesses, the right against self-incrimination, and the right to produce evidence for all the charges against me, including any charged prior conviction(s) or probation violation(s). However, for a charge of violating probation, I do not have the right to a jury trial, although I do have the right to a hearing before a judge.

10.

WAIVER OF RIGHTS

Understanding all this, for all the charges against me, including any prior conviction(s) or probation violation(s):

11. I give up my right to an attorney, and I choose to represent myself. (Does not apply if you have an attorney.)

11.

12. I give up my right to a jury trial.

12.

13. I give up my right to confront and cross-examine witnesses.

13.

14. I give up my right to remain silent and to not incriminate myself.

14.

15. I give up my right to produce evidence and witnesses on my own behalf.

15.

CONSEQUENCES OF PLEA OF GUILTY OR NO CONTEST

16. **Penalty:** I understand that the possible consequences for the offense(s) charged include the following:

SECTION NUMBER JAIL - MIN. MAX. FINE - MIN. MAX.

OTHER CONSEQUENCES : _____

SECTION NUMBER JAIL - MIN. MAX. FINE - MIN. MAX.

OTHER CONSEQUENCES : _____

SECTION NUMBER JAIL - MIN. MAX. FINE - MIN. MAX.

OTHER CONSEQUENCES : _____

SECTION NUMBER JAIL - MIN. MAX. FINE - MIN. MAX.

OTHER CONSEQUENCES : _____

SECTION NUMBER JAIL - MIN. MAX. FINE - MIN. MAX.

OTHER CONSEQUENCES : _____

SECTION NUMBER JAIL - MIN. MAX. FINE - MIN. MAX.

OTHER CONSEQUENCES : _____

16.

17. I understand that in addition to the fine, **the Court will add assessments which will significantly increase the amount I must pay.** I will also be ordered to make restitution and to pay a restitution fine of \$150 to \$1,000.

17.

18. I understand that if I am not a citizen, a plea of guilty or no contest could result in my deportation, exclusion from admission to this country, or denial of naturalization.

18.

CONSEQUENCES OF PLEA OF GUILTY OR NO CONTEST (Continued)

INITIALS ↓
19.
20.
21.
22.
23.
24.
25.

19. I understand that a plea of no contest (*nolo contendere*) will have exactly the same effect in this case as a plea of guilty, but it cannot be used against me in a civil lawsuit unless the offense is punishable as a felony.

20. I understand that any plea entered in this case may be grounds for violating probation or parole which has previously been granted to me in any other case.

PLEA(S)

21. I hereby freely and voluntarily plead _____ to the following:
GUILTY OR NO CONTEST

LIST CHARGE(S)

22. I understand that I have the right to a delay of from 6 hours to 5 days prior to being sentenced. I give up this right and agree to be sentenced at this time.

23. **If applicable** - I freely and voluntarily admit the prior conviction(s) I listed on this form. I understand that this admission will increase the penalties which are imposed on me.

24. **If applicable** - I freely and voluntarily admit the probation violation(s) I listed on this form and give up my right to a hearing before a judge regarding the probation violation(s).

25. **If applicable** - I understand that I have the right to enter my plea before, and to be sentenced by, a judge. I give up this right and agree to enter my plea before, and to be sentenced by:

TEMPORARY JUDGE'S NAME

**** DEFENDANT'S SIGNATURE:** _____ **DATE:** _____

ATTORNEY'S STATEMENT

I am the attorney of record for the defendant. I have reviewed the form and any addenda with my client. I have explained each of the defendant's rights to the defendant and answered all of the defendant's questions with regard to this plea. I have also discussed the facts of the defendant's case with the defendant, and explained the consequences of this plea, the elements of the offense(s), and the possible defenses. I concur in this plea and in the defendant's decision to waive his or her constitutional rights.

 SIGNATURE OF DEFENDANT'S ATTORNEY

 DATE

