



**PETITION TO ENTER PLEA OF GUILTY continued**

4. I have told my lawyer(s) all the facts and circumstances known to me about each charge to which I am pleading guilty. I believe that my lawyer(s) is fully informed on each charge. I have discussed all the evidence I think is important with my lawyer(s).

5. I have the following complaints about my lawyer(s) services provided to me on this case. (If none state "none.")

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Given all the circumstances, I believe my lawyer(s) have represented me in a competent and effective manner. **“YES”** or **“NO”** (circle one)

6. I know that the Court must be satisfied that I am guilty before my plea can be accepted. I know the Court will ask me questions to see if I am guilty. I am willing to give up my right to remain silent and answer those questions to the best of my knowledge and belief. I understand my willingness to answer those questions is a waiver of my right not to incriminate myself. I know that I may plead not guilty to any offense charged against me. If I plead not guilty the United States Constitution and the Constitution of the State of Missouri, guarantees me, among other rights:

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Date

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Defendant

**PETITION TO ENTER PLEA OF GUILTY continued**

(a) the right to a speedy and public trial by jury and, if I am not satisfied with the verdict, to appeal the verdict;

(b) the right to confront and cross-examine all witnesses against me;

(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(s) at all stages of the proceedings. I know I can hire my own lawyer, at my expense. I may get a lawyer at no expense to me if I qualify for the Public Defender;

(e) the right to appeal in the event of a conviction, and to appeal at no cost to me, and to have appointed counsel for such appeal, if I qualify for Public Defender services, and ;

(f) the right to remain silent and not to incriminate myself; and, if I do remain silent the jury will be instructed that no inference of guilt may be drawn from my decision to not testify. I know that the State must prove my guilt beyond a reasonable doubt, and that all twelve jurors must vote unanimously before any verdict can be returned. All 12 jurors must agree to convict me in order for me to be found guilty.

I further understand that if the State fails to prove each and every element of the offense beyond a reasonable doubt I would be entitled to go free. If I plead guilty I waive, that is, give up, all these rights.

7. I know that if I plead guilty I forever waive my right to trial either before a Court or jury with respect to these charges.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant

**PETITION TO ENTER PLEA OF GUILTY continued**

8. My lawyer(s) informed me that the range of punishment which the law provides is:

One day to \_\_\_\_\_ years(s) incarceration or a fine up to \$\_\_\_\_\_ or both.

Five (5) to fifteen (15) years incarceration.

Ten (10) to thirty (30) years incarceration, or life imprisonment.

Other \_\_\_\_\_

If I am on probation or parole in this or any other Court, I know that by pleading GUILTY here my probation or parole may be revoked, and **I may be required to serve and complete my sentence in that case** in addition to any sentence imposed upon me in this case.

9. After discussions with my lawyer(s), the prosecuting attorney has promised that if I plead guilty the Prosecutor's Office will comply with the plea agreement attached to this petition. **I understand that the Court is not required to follow recommendations made by the Prosecutor or to grant relief the Prosecutor does not oppose.**

**It has been made clear to me that in Clay County plea agreements are not binding on the Court. This means I will not be able to withdraw my plea of guilty and have a trial if the Judge does not follow the Prosecutor's recommendation(s) or does not grant relief that is not opposed by the Prosecutor.**

I know that the length of my sentence and whether I receive probation are matters solely within the control of the Judge. I hope to receive leniency, but I am prepared to accept any punishment permitted by law which the Court sees fit to impose. I know there are no promises

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant

**PETITION TO ENTER PLEA OF GUILTY continued**

or guarantees of probation, or what the sentence will be in this case, or whether the sentence will be consecutive to or concurrent with any other sentences.

No statements or promises have been made to me that, if I am sentenced to incarceration, I will only have to serve any particular percentage of the sentence, any particular number of days, weeks, months, or years of the sentence. I have not been promised, nor am I relying on any representation, that I will receive probation or parole at any given time. I understand that I may have to serve and be incarcerated for every day of the sentence imposed.

10. Except for the plea agreement referred to in Paragraph 9, I have received no other promises or assurances that have caused me to plead guilty.

11. Neither I, nor any of my friends or loved ones, have been threatened, coerced, or forced in any manner by anyone to get me to plead guilty.

12. I understand that if I have any complaints about my attorney's services, I should tell the Court about my complaints when I offer my guilty plea.

13. I know that the Court will not permit anyone to plead guilty who is innocent, and because I am guilty, I request the Court to accept my plea of guilty. I did the following acts in connection with the charge(s) against me;

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Date

Defendant

**PETITION TO ENTER PLEA OF GUILTY continued**

14. Check all that apply.

I am taking no prescription medication.

I have been prescribed medication, but it has not been provided to me, or I have chosen to not take it.

I am taking no prescription medication except the following, which are taken as prescribed by the physician. None of it prevents me from thinking clearly: \_\_\_\_\_

\_\_\_\_\_  
 I usually take the following prescription medication as prescribed by the physician:  
\_\_\_\_\_  
\_\_\_\_\_

When I take \_\_\_\_\_, it interferes with my ability to think clearly.  
I need to stop taking it \_\_\_\_\_ hours before my Court appearance to plead guilty.

The last time I drank alcohol was \_\_\_\_\_.

The last time I took illegal drugs was \_\_\_\_\_.

I have not been treated for mental illness or defects except for the following:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. My head is clear and I am sober.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant

**PETITION TO ENTER PLEA OF GUILTY continued**

16. My Lawyer(s) explained what a “Sentencing Assessment Report” is and I understand the court may rely upon information contained in the report, but that the judge is not required to sentence me to the sentence recommendations or follow any other recommendations in the “Sentencing Assessment Report.”

17. If I do not understand anything about this petition, I will ask my lawyer(s) about it. I understand I can also ask the judge about anything in this petition.

18. If I do not understand any of the judge’s questions, I will say so and ask the judge to ask the question in another way.

**19. I OFFER MY PLEA OF GUILTY FREELY AND VOLUNTARILY AND OF MY OWN ACCORD AND, WITH FULL UNDERSTANDING OF THE CHARGE(S), I AM PLEADING GUILTY TO AND ALL THE MATTERS SET FORTH IN THIS PETITION.**

**I am guilty of the charge(s) relating to this petition. \_\_\_\_\_(initials)**

I have read, and my attorney has answered any questions I had about, this Petition to Enter Plea of Guilty and the Plea Bargain Attachment.

**No one has told me to tell the Court something that is not true. My answers in this petition, and my answers in court, are the truth.**

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date

**PLEA BARGAIN AND ATTACHMENT**  
**TO**  
**PETITION TO ENTER PLEA OF GUILTY**

The full extent of the plea agreement in this case is as follows:

Defendant will plead guilty to Count(s) \_\_\_\_\_. The state will dismiss Count(s) \_\_\_\_\_ at time of sentencing.

Defendant will plead guilty to charges of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

contained in an amended information or an information substituted for an indictment.

Set out all other terms of the agreement. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The State has also agreed to the following:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant

**PLEA BARGAIN AND ATTACHMENT TO PETITION TO ENTER PLEA OF GUILTY  
Continued**

I understand the judge is not required to accept the terms of my plea bargain.

I understand that if the judge does not accept the sentencing agreement, I will not be allowed to withdraw my plea.

I understand the judge will reject any plea bargain that attempts to bind the court to impose any particular sentence.

I understand I will not be allowed to withdraw my plea of guilty if the judge does not follow the recommendation for sentence made by my lawyer(s), or the prosecutor, or in the Sentence Assessment Report.

I understand that my sentence may be more severe than agreed to by me, my lawyer(s), and the prosecutor, but must be within the lawful range of punishment.

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Defense Counsel

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Defendant

Date: \_\_\_\_\_