

FILED: _____

DIV G

DEPUTY CLERK OF COURT

FELONY PLEA OF GUILTY AND WAIVER OF CONSTITUTIONAL RIGHTS

The judge asked me if I could read and write the English language and I informed him that I could. My signature to this document means I understand all of the following:

I am pleading guilty (or entering a no contest plea) to the following felony charge(s) for which the minimum and maximum sentences are as follows:

CHARGES(S)/STATUTES

MINIMUM AND MAXIMUM PENALTIES & FINES

- 1. _____
- 2. _____
- 3. _____

I understand that I am pleading guilty or entering a no contest plea and that I am giving up the following legal rights:

- 1. The right to a speedy and public jury trial;
- 2. The right to an attorney of my choice or, if unable to afford an attorney's services; the right to a court-appointed attorney at no cost to me;
- 3. The right to see, hear, and ask questions of the witnesses who might be called to testify against me at trial;
- 4. The right to subpoena my witness to my trial;
- 5. The right against self-incrimination, meaning the right to remain silent and not testify or produce evidence at my trial without having this held against me;
- 6. The right to be presumed innocent until, and unless, proven guilty beyond a reasonable doubt;
- 7. The right to an appeal from a verdict of guilty;

_____ I have been informed and I understand that if I plead guilty or enter a no contest plea, that I may be subject to additional consequences or waivers of constitutional rights in the following areas as a result of my plea:

- i) Potential deportation, if I am not a United States citizen
- ii) The right to vote
- iii) The right to bear arms
- iv) The right to due process
- v) The right to equal protection

_____ I have been informed and I understand that if I plead guilty or enter a no contest plea, there may be additional direct or potential consequences impacting the following:

- i) College admissions and financial aid
- ii) Public housing benefits
- iii) Employment and licensing restrictions
- iv) Potential sentencing as a habitual offender
- v) Standard of proof of probation or parole revocations

I also understand that this guilty plea or no contest plea is considered a conviction, which could be used against me in the future to increase the possible minimum and maximum penalty I could receive for a later offense or under the habitual offender laws. I am entering this plea after consulting with my attorney and I am satisfied with the advice and services I have received from my attorney. The charges have been explained to me and I fully understand the charges to which I am pleading guilty (or entering a no contest plea). My mind is clear. I am not under the influence of any alcohol, drugs, or other mind altering substance. I have not been forced, threatened, or pressured into making this plea, nor has anyone made me any promises in order that I enter this plea. By entering this plea, I voluntarily give up all of the above rights. If I am pleading guilty, I am entering this plea because I am, in fact, **GUILTY**. I understand that the State and my attorney may make a sentencing recommendation to the court, and what the recommendation contains. I further understand that the court can sentence me to any sentence allowed by the law. I also realize that I have two years from the date this conviction and sentence becomes final to file any post-conviction relief petitions.

Signed at Lake Charles, LA on _____
DATE

NAME OF ATTORNEY (SIGNATURE)

DEFENDANT (SIGNATURE)

PRINTED NAME BAR ROLL NO.

ADDRESS (INCLUDE STREET, APT/LOT#, CITY, STATE, & ZIP CODE)

DATE OF BIRTH ~~XXX-XX-~~ SOCIAL SECURITY NUMBER

JUDGMENT

PLEA OF GUILTY IS HEREBY ACCEPTED AS VOLUNTARILY, KNOWINGLY, AND INTELLIGENTLY OFFERED AND SUPPORTED BY SUFFICIENT FACTUAL BASIS.

NO CONTEST PLEA IS HEREBY ACCEPTED AS VOLUNTARILY, KNOWINGLY AND INTELLIGENTLY OFFERED AND SUPPORTED BY SUFFICIENT FACTUAL BASIS

JUDGE, 14TH JUDICIAL DISTRICT COURT

THE COURT WILL ALLOW ADMINISTRATIVE SANCTIONS BY THE LA DEPARTMENT OF CORRECTIONS, OFFICE OF PROBATION AND PAROLE, TO BE ADMINISTERED BY PROPERLY QUALIFIED AGENTS IN ACCORDANCE WITH THE PROPERLY PROMULGATED RULES FOR THE DEPARTMENT.

AMENDMENT(S), IF ANY, AND SENTENCING RECOMMENDATION (IF PROBATION IS RECOMMENDED, DO NOT LIST CONDITIONS BELOW, ONLY STATE SENTENCE AND YEARS OF PROBATION. FOR EXAMPLE, 5 YEARS DOC, SUSPENDED/5 YEARS OF SUPERVISED PROBATION. USE THE CONDITIONS OF PROBATION FORM TO SPECIFY CONDITIONS OF PROBATION AND ATTACH HERETO):