

IN THE CIRCUIT COURT OF TUNICA COUNTY, MISSISSIPPI

ELEVENTH JUDICIAL DISTRICT

STATE OF MISSISSIPPI

PLAINTIFF

VS.

CAUSE NO. _____

DEFENDANT

PETITION TO ENTER PLEA OF GUILTY

The defendant, after having been first duly sworn on his/her Oath represents and states unto the Court the followings:

1. My full true name is _____,
I am also known as _____, and
I am request that all proceedings against me be in my true name.
2. a. I am a _____ person.
(race) (male/female)
- b. I was born on _____, 19 ____; my present age is _____.
- c. My place of birth is _____.
- d. My home address is _____.
- e. My Social Security Number is _____.
- f. I completed _____ years in school and _____ years in college.
- g. I (can___) (cannot___) read and write.
3. At this time I am not under the influence of drugs or alcohol, nor am I suffering from any mental disease.
4. I am mentally competent to make this petition.
5. I am currently confined at _____; my prison number is _____; my FBI No. if any, is _____; I have been released on bond pending trial in the amount of \$_____.

SIGNATURE OF DEFENDANT

6. My attorney is _____ of _____.

7. I petition and state to the Court that I wish and desire to plead GUILTY to the crime(s) of

as charged against me in the indictment/information in this cause, or which is lesser included offense or reduction of the original charge or amended charge. I was initially charged with the crime(s) of _____

8. I plead GUILTY and request the Court to accept my plea of GUILTY on the basis that (state the defendant's involvement in crime):

9. In connection with my pleas of guilty to charge(s) as stated in Paragraph 7, above I am making this petition with the assistance of and in the presence of my attorney in order to show and demonstrate to this Honorable Court, that I am knowingly, intelligently, understandingly, freely and voluntarily entering my plea of guilty to this/these crime(s). I am making this petition truthfully and under Oath. I understand that false or untrue statements to this Court can result in my prosecution of the crime of perjury, for which the maximum sentence, according to the appropriate state is (10) years with the custody and control of the Mississippi Department of Corrections.

10. I have previously have been convicted of the following crimes:

11. I ___ am ___ am not on probation or parole. I understand that my pleading guilty in this case could cause full or partial revocation of my probation or parole, if any. I also understand that if part or all of my suspended sentenced is revoked, the reinstated time may be ordered to run consecutive to the subsequent or later sentenced.

SIGNATURE OF DEFENDANT

12. I have received a copy of the indictment or information filed against me in the case and have either read it myself or have had it read and explained to me. I fully understand the charge(s) against me.
13. I told my attorney all the facts and circumstances known to me about the charge(s) against me. I believe that my attorney is fully informed of all such matters. My attorney has counseled and advised me of the nature of each charge, including the elements of each charge that would have to be proved; of any and all lesser included charges; and of all possible defenses that I might have in this case.
14. I understand that I may plead Not Guilty to any offense(s) charged against me. If I choose to plead Not Guilty, the Constitution guarantees me:
 - a. The right to a speedy and public trial by jury, at which a unanimous verdict is required;
 - b. The right to see, hear and face in open court all witnesses called to testify against me, 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 a 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 testify at my trial, in which instance I would be subjected to direct and cross-examination, and I have the option of not testifying, in which instance the jury would be instructed that my failure to testify should not be held against me.
 - g. The right to appeal my case to the State Supreme Court if I am convicted in a jury trial, at no costs to me if I cannot afford an attorney and appeal costs.
15. I understand that upon entering a guilty plea, I waive with means I give up the rights and the protections they afford.

Knowing and understanding the Constitutional guarantees listed in item Fourteen (14) above, I hereby waive them and renew my desire to enter a plea of Guilty.

16. I also understand that if I plead Guilty, the Court may impose the same punishment as if I had plead Not Guilty, stood trial, and was convicted by a jury. I know that the sentence that I will receive will be decided solely by the judge. Accordingly, Court is not required to follow the recommendation of the District Attorney, if any.

SIGNATURE OF DEFENDANT

17. I have been informed of the minimum and maximum sentences for the offense(s) of which I have been charged.
- a. For the crime of _____, the minimum sentence is _____ years of imprisonment and a \$ _____ fine. The maximum sentence is _____ years of imprisonment and a \$ _____ fine.
 - b. For the crime of _____, the minimum sentence is _____ years of imprisonment and a \$ _____ fine. The maximum sentence is _____ years of imprisonment and a \$ _____ fine.
 - c. For the crime of _____, the minimum sentence is _____ years of imprisonment and a \$ _____ fine. The maximum sentence is _____ years of imprisonment and a \$ _____ fine.
 - d. For the crime of _____, the minimum sentence is _____ years of imprisonment and a \$ _____ fine. The maximum sentence is _____ years of imprisonment and a \$ _____ fine.
 - e. A reasonable and appropriated amount of restitution under M.C.A. 99-37-3.
18. Other than an agreement by the District Attorney to make a certain recommendation to the Court, no person has offered me any hope or promise of reward to get me a plead guilty. No one has made any threats either directly or indirectly to get me to plead guilty. **I AM PLEADING GUILTY BECAUSE I AM GUILTY OF THIS CHARGE(S) AGAINST ME AND BECAUSE IT IS IN MY BEST INTEREST TO DO SO.**
19. As a result of “plea bargaining,” my attorney and I have reached an agreement with the District Attorney’s Office concerning my offer to plead guilty to the charge(s) mentioned earlier in this petition. It is my understanding that the District Attorney will recommend to the Court that I receive a sentence as follows:
- _____
- _____
- _____
- _____
20. I acknowledge that the State of Mississippi has presented to me, through my attorney, the facts the other evidence it would present at trial to prove my guilt beyond a reasonable doubt, all of which my attorney has explained to me, unless I have otherwise waived this right. **(Initial if this right is waived: _____)**
21. If no agreement has been reached with regard to a recommended sentence as a result of “plea bargaining,” I understand neither my attorney nor any other person can represent to me that I will receive any particular sentence if I plead guilty. The final decision as to the sentence will rest with Court (Judge) as I have previously acknowledged in this petition.

SIGNATURE OF DEFENDANT

22. I understand that by being a convicted felon, I may lose certain civil rights due to my guilty plea and conviction in this case, such as the right to vote and serve on juries. I understand that my guilty plea and conviction in this case, together with any prior felony conviction, may be used against me on any future criminal charges for enhanced punishment and habitual offender status according to the applicable laws. **I understand that by being a convicted felon I lose the right to own, possess, carry or bear any type of firearm whatsoever under any circumstances.**
23. I further understand that if I am sentenced for robbery by displaying a deadly weapon or any such attempted offense; I will not be eligible for parole. I understand that if I am sentenced as a habitual criminal, I will not be eligible for parole. I understand that if I am sentenced for a sex crime, I will not be eligible for parole. I further understand that under the present law of Mississippi since July 1, 1995, if I am sentenced for any crime, I am not eligible for parole and I must serve eighty-five percent (85%) of any sentence that I may receive.
24. I understand that if I am not eligible for parole, I will not receive "good time credits." I also understand that "earned time" or "good time credits" will not be applied to affect my parole eligibility date. I understand that this court has not control over earned time or good time, if any. I understand that these matters are governed by the Mississippi Department of Corrections as is provided by statutes.
25. I understand that my plea of guilty may be withdrawn at any time prior to acceptance by the Court. I understand that if the plea of guilty herein tendered is not accepted this Court and a trial follows any admissions made by me herein or during any hearing on this petition **would not** be admissible against me at trial.
26. I believed that my attorney has done all that he/she could do to counsel and assist me. **I AM SATISFIED WITH THE ADVICE AND ASSISTANCE THAT MY ATTORNEY HAS GIVEN ME.** I understand that any representations that may have been made by my attorney regarding non-adjudication, probation, or sentence, if not binding on the Court.
27. I am entering this plea without any threats, pressure, or coercion.
- 28. I OFFER MY PLEA OF GUILTY FREELY AND VOLUNTARILY, OF MY OWN FREE WILL AND ACCORD, WITH FULL UNDERSTANDING OF ALL THE MATTERS SET FORTH IN THE INDICTMENT AND IN THIS PETITION, AND IN THE CERTIFICATE OF MY ATTORNEY WHICH IS ATTACHED TO THIS PETITION.**
- 29. IN VIEW OF ITEM 28, ABOVE, I REQUEST THAT THE COURT ACCEPT MY PLEA OF GUILTY.**
- 30. ATTORNEY FOR DEFENDANT SHALL MAKE A CHECK MARK IF THE SEX OFFENDER'S FORM IS APPLICABLE: ____ (check).**

SIGNATURE OF DEFENDANT

31. I HAVE READ THIS PETITION AND/OR MY ATTORNEY HAS FULLY EXPLAINED IT TO ME AND I UNDERSTAND ITS CONTENTS AND CONSEQUENCES.

32. I AM HEREBY INFORMED THAT EVRY PERSON WHO SHALL WILLFULLY AND CORRUPTLY SWEAR, TESTIFY, OR AFFIRM FALSELY TO ANY MATERIAL MATTER UNDER OATH, AFFIRMATION, OR DECLARATION LEGALLY ADMINISTERED IN ANY MATTER, CAUSE, OR PROCEEDING PENDING IN ANY COURT OR LAW OR EQUITY SHALL UPON CONVICTION BE PUNISHED BY IMPRISONMENT IN THE PENITENTIARY NOT EXCEDDING TEN (10) YEARS.

I WITNESS MY SIGNATURE on this _____ day of _____, 201 ____.

SIGNATURE OF DEFENDANT

WITNESS: _____
DEFENDANT'S ATTORNEY

STATE OF MISSISSIPPI
COUNTY OF TUNICA

Sworn and subscribed before me this the _____ day of _____, 201 ____.

Circuit Clerk, Sharon G. Reynolds

By: _____, Deputy Clerk

REGISTRATION OF SEX OFFENDERS

M.C.A. § 44-33-21 et seq.

In cases involving a sex offense:

Any person residing in Mississippi who has a conviction for any sex offense or attempted sex offense must register with the Mississippi Department of Public Safety. The following information is required for registration: (a) name; (b) address; (c) place of employment; (d) crime for which convicted; (e) date and place of conviction, adjudication, or acquittal by reason of insanity; (f) aliases used; (g) Social Security number; (h) date of birth; (i) age, race, sex, height, weight, and hair and eye colors; (j) a brief description of the offense or offenses for which the registration is required; (k) identifying facts; (l) anticipated future residence; (m) offense history; (n) photography; (o) fingerprints; (p) for sexual predators, documentation of any treatment received for any mental abnormality or personality disorder of the person; (q) blood sample; (r) any other information deemed necessary.

If immediately incarcerated after convictions, upon release for incarceration, the Department of Corrections shall perform the registration duties at the time of release and forward the registration information to the Department of Public Safety within three (3) days.

If not immediately incarcerated after conviction, the court, at the time of entering the order, shall inform the person of the duty to register, obtain the registration information and forward the registration information to the Department of Public Safety within three (3) days.

An offender moving to or returning to this state from another jurisdiction shall notify the Department of Public Safety ten (10) days before the person first resides in or returns to a county in this state and shall register with the department within ten (10) days of first residing in or returning to a county of this state. The offender must then present himself to the sheriff of the county in which he intends to reside to provide the required registration information.

Failure to comply with any provision of the statute shall constitute a violation of said statute and shall be punishable by imprisonment or fine or both.

I have read the above paragraphs regarding the duty to register and this duty has been explained to me.

Date

Defendant

CERTIFICATE OF COUNSEL

The undersigned, as attorney and counselor for the above defendant hereby certifies:

1. I have read and fully explained to the defendant the allegations contained in the indictment in this case.
2. To the best of my knowledge and belief the statements, representations, and declarations made by the defendant in the foregoing petition are in all respects accurate and true.
3. I have explained the maximum penalty for each count to the defendant, and consider him competent to understand the charges against him and the effect of his petition to enter a plea of GUILTY.
4. The plea of GUILTY offered by the defendant in his petition accords with my understanding of the facts he related to me and is consistent with my advise to the defendant.
5. In my opinion the plea of GUILTY as offered by the defendant in this Petition is voluntarily and understandingly made. I recommend that the court accept the plea of GUILTY.
6. Having discussed this matter carefully with the defendant, I am satisfied, and I hereby certify, in my opinion, that he is mentally and physically competent; there is no mental or physical condition which would affect his understanding of these proceedings; further, I state that I have no reason to believe that he is presently operating under the influence of drugs or intoxicants. (Any exceptions to this should be stated by counsel on the record.)
7. I further certify that I have told my client to tell the truth when addressing the Court in presenting the petition to enter a plea of guilty.

Signed by me in the presence of the defendant above named and after full discussion of the contents of this certificate with the defendant, this day _____ of _____, 201 ____.

Attorney for the Defendant

RESTITUTION
M.C.A. § 99-37-3

In Cases Resulting in Pecuniary Damages:

1. When a person is convicted of criminal activities that have resulted in pecuniary damages, in addition to any other sentence it may impose, the court may order that the defendant make restitution to the victim.
2. In determining whether to order restitution which may be complete, partial or nominal, the court shall take into account: (a) the financial resources of the defendant and the burden of that payment on defendant; (b) the ability of the defendant to pay restitution on an installment basis or on other conditions to be fixed by the court; and (c) the rehabilitative effect on the defendant of the payment of restitution and the method of payment.
3. If the defendant object to the imposition, amount or distribution of the restitution, the court shall, at the time of sentencing, allow him to be heard on such issue.
4. If the court determines that restitution is inappropriate or undesirable an order reciting such finding shall be entered, which should also state the underlying circumstances for such determination.

Victim Information

Number of Victims _____

Victim to be paid first:

Name _____

Address _____

Tel. No. _____

Restitution Amount \$ _____

Victim to be paid secondly:

Name _____

Address _____

Tel. No. _____

Restitution Amount \$ _____

(List subsequent victims and information on separate sheet of paper.)