IN THE COUNTY COURT OF THE THIRTEENTH JUDICIAL CIRCUIT IN AND FOR HILLSBOROUGH COUNTY, FLORIDA CRIMINAL DIVISION

STATE	OF FLORIDA Plaintiff,	Case No.:
Vs.		Division: "C"
	Defendant.	
	ACKNOWLEDGMENT AN	D WAIVER OF RIGHTS IN ABSENTIA
		A PLEA OF NOLO CONTENDERE (NO CONTEST) OR st me, and I knowledge the following:
1.		to the charges of and I understand the maximum penalty provided
2.	proceeding and, if necessary an attright to a jury trial and the right to compel attendance of witnesses or witnesses against me, and the right guilty or nolo contendere, I underst	be represented by an attorney at every stage of the orney will be appointed to represent me. I have the an attorney's help at that trial. I have the right to my behalf, the right to confront and cross-examine not to testify or to incriminate myself. By pleading and that there will be no trial of any kind, and I am not be permitted to defend myself against the
3.	I understand that by pleading guilty	or nolo contendere, unless I expressly reserve the purt, I give up the right to appeal all matters relating my guilt or innocence.
4.	I understand that if I plead guilty or about the charges, and if I answer t	nolo contendere, the Judge may ask me questions hese questions under oath, on the record, and in the ers could be used in any later prosecution for

6. I understand that if the Court accepts my plea to the charges listed in Paragraph 1, my sentence will be:

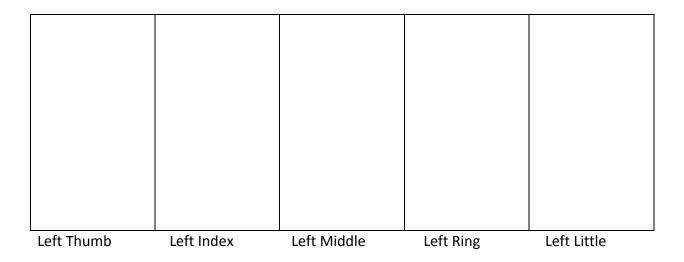
speak to the Judge about my sentence after I have entered this plea.

5. I admit that there is a factual basis for the charge(s) to which I am pleading, and feel my plea to be in my best interests. I understand that I have a right in the courtroom to

perjury.

The plea will be done in my absence and through my undersigned attorney.

- 7. No alcohol or drugs are affecting me now as I read and sign this form. Other than the proposed sentence set out in Paragraph 6, no one has threatened me, made any promises or guarantees to me, nor in any way forced me to enter this plea. I am doing this freely and voluntarily.
- 8. I am represented by the undersigned attorney. I have discussed my case with my attorney, and any questions I have had about my case have been answered to my satisfaction. I feel my attorney has represented me to the best of their ability, and I am satisfied with this representation.
- 9. I understand I have the right to appeal the judgment and sentence of the Court within thirty (30) days from the date of sentence. I understand that if I wish to take an appeal and cannot afford an attorney to help me in my appeal, the Court will appoint an attorney to represent me for that purpose.
- 10. I understand that if I am not a United States citizen, I may be deported. I am freely entering this plea after careful and full consideration. Under penalty of perjury, Florida Statute 92.525, I declare I have read and fully understand this form (4 pages) and the facts that are stated in it are true.
- 11. I understand that if the offense for which I am being sentenced is sexually violent or sexually motivated crime, or if I have a prior conviction for such an offense, this plea ma subject me to involuntary civil commitment as sexually violent predator under the Jimmy Ryce Act.
- 12. I understand that if I am pleading to an enhanceable offense that this plea may be used to enhance the level of a future charge as well as the severity of the penalty I receive should I reoffend with another qualifying enhanceable offense.



Right Thumb	Right Index	Right Middle	Right Ring	Right Little	
right mumb	riight index	Mgm Middle	Night Ning	right Little	
Left Four Fingers Take Simultaneously Left Thumb					

Right Four Fingers Taken Simultaneously

Right Thumb

All of the above fingerprints are mine and were placed on this 4-page, 20, in the presence of	document by me on , a notary public.	
Date:		
(Name)		
Social Security Number Date of Birth:		
STATE OF FLORIDA COUNTY OF		
The foregoing instrument was acknowledged before me by means of [or [] online notarization this day of, 20 by who is personally known to me or who has produced identification) as identification	,	
WITNESS my hand and official seal in the state and county last aforesa, 20	aid on this day of	
My commission expires:		
ACKNOWLEDGMENT OF COUNSEL		
I, undersigned member of the Florida Bar, hereby represent to the Couthe above-named Defendant, that I reviewed and explained the ACKNO WAIVER OF RIGHTS to the Defendant, and to the best of my knowledg Defendant fully understands its contents.	OWLEDGMENT AND	
Attorney for Defendant Address: Phone Number: Florida Bar No.:		