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

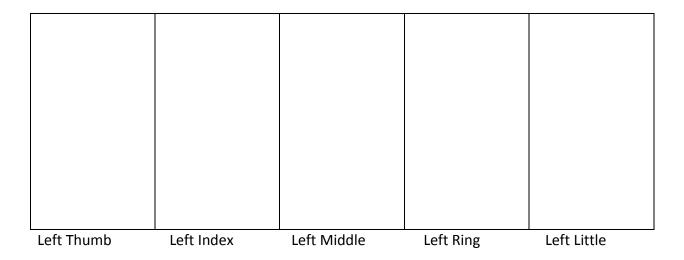
3171	LOTTEONIDA	
	Plaintiff,	Case No.:
Vs.		Division:
	Defendant.	
	<u>ACKNOW</u>	VLEDGMENT AND WAIVER OF RIGHTS IN ABSENTIA
•	•	ant, am entering A PLEA OF NOLO CONTENDERE (NO CONTEST) OR ne charges against me, and I knowledge the following:

STATE OF FLORIDA

- 1. I am pleading \_\_\_\_\_\_ to the charges of \_\_\_\_\_ and I understand the maximum penalty provided by law is: \_\_\_\_\_.
- 2. I understand that I have the right to be represented by an attorney at every stage of the proceeding and, if necessary an attorney will be appointed to represent me. I have the right to a jury trial and the right to an attorney's help at that trial. I have the right to compel attendance of witnesses on my behalf, the right to confront and cross-examine witnesses against me, and the right not to testify or to incriminate myself. By pleading guilty or nolo contendere, I understand that there will be no trial of any kind, and I am waiving my right to a trial and will not be permitted to defend myself against the charges.
- 3. I understand that by pleading guilty or nolo contendere, unless I expressly reserve the right to appeal prior ruling of the Court, I give up the right to appeal all matters relating to the Court's judgment, including my guilt or innocence.
- 4. I understand that if I plead guilty or nolo contendere, the Judge may ask me questions about the charges, and if I answer these questions under oath, on the record, and in the presence of my lawyer, those answers could be used in any later prosecution for perjury.
- 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 speak to the Judge about my sentence after I have entered this plea.
- 6. I understand that if the Court accepts my plea to the charges listed in Paragraph 1, my sentence will be:

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.



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Right Thumb Right Index Right Middle Right Ring Right Little								
Left Four Fingers Take Simultaneously Left Thumb								

Right Four Fingers Taken Simultaneously

Right Thumb

~ ·	ce of, a notary public.
Date:	
(Name)	
Social Security Number Date of Birth:	
STATE OF FLORIDA COUNTY OF	
The foregoing instrument was acknowledge or [ ] online notarization this day of _ who is personally known to me or who has identification) as identification	ged before me by means of [ ] physical presenced, 20 by(type of
WITNESS my hand and official seal in the s, 20	state and county last aforesaid on this day o
NOTARY PUBLIC	My commission expires:
ACKNOWLEDGMENT OF COUNSEL	
the above-named Defendant, that I review	, hereby represent to the Court that I represent wed and explained the ACKNOWLEDGMENT AND d to the best of my knowledge and belief the
Attorney for Defendant Address: Phone Number: Florida Bar No.:	_