

**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 AND WAIVER OF RIGHTS IN ABSENTIA**

I, the undersigned defendant, am entering A PLEA OF NOLO CONTENDERE (NO CONTEST) OR GUILTY, IN ABSENTIA, to the charges against me, and I knowledge the following:

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 may 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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Left Thumb

Left Index

Left Middle

Left Ring

Left Little

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Right Thumb

Right Index

Right Middle

Right Ring

Right Little

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Left Four Fingers Take Simultaneously

Left Thumb

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Right Four Fingers Taken Simultaneously

Right Thumb

All of the above fingerprints are mine and were placed on this 4-page document by me on \_\_\_\_\_, 20\_\_, in the presence of \_\_\_\_\_, 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 [ ] physical presence or [ ] online notarization this \_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_(type of identification) as identification

WITNESS my hand and official seal in the state and county last aforesaid on this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_ My commission expires:

NOTARY PUBLIC

**ACKNOWLEDGMENT OF COUNSEL**

I, undersigned member of the Florida Bar, hereby represent to the Court that I represent the above-named Defendant, that I reviewed and explained the ACKNOWLEDGMENT AND WAIVER OF RIGHTS to the Defendant, and to the best of my knowledge and belief the Defendant fully understands its contents.

\_\_\_\_\_  
Attorney for Defendant

Address:

Phone Number:

Florida Bar No.: