IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT

HILLSBOROUGH COUNTY, FLORIDA

CRIMINAL JUSTICE DIVISION

STATE OF FLORIDA,

vs. CASE NO.:

 DIVISION: “Y”

 ,

Defendant.

 /

**ACKNOWLEDGMENT OF PLEA AND WAIVER OF RIGHTS**

1. I am the above named defendant, and I enter a plea of no contest in my best interest to the following charges:

**CHARGE(S) MANDATORY MINIMUM MAXIMUM PENALTY**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I understand I have the right to be represented by an attorney at all stages of these proceedings until this case is terminated. I also understand I have the following rights to a jury trial; to compel the attendance of witnesses on my behalf, to confront and cross-examine witnesses testifying against me; and not testify or to incriminate myself, and I may remain silent if I so choose. I hereby waive and give up all of these rights by entering this plea. [ \_\_\_\_\_ ]
2. I admit there is a factual basis for the charge to which I am pleading, and I agree that the court may rely on the statement contained in the probable cause affidavit and police reports in determining the factual basis. [ \_\_\_\_\_ ]
3. I understand if the court accepts my plea to these charges, my sentence will be deferred for two years. [ \_\_\_\_\_ ]
4. Other than this proposed sentence, nobody has made any promises or representations to me, other than what was stated in open court on the record at the time of sentencing, nor has anyone threatened me or in any way forced me to enter this plea. I am doing this freely and voluntarily. In accepting this sentence, I have not relied on either my attorney’s opinion or prediction on the portion of my sentence that I will actually serve. My attorney has informed me of the maximum penalty the court could impose upon future revocation of this sentence. [ \_\_\_\_\_ ]
5. I understand this plea is being made as a “plea of convenience,” and it is in my best interest to enter this plea to make it possible for me to seek a transfer of my participation in the Judicial Drug Court Treatment Program authorized by section 948.08 (6), Florida Statutes, from the program in which I am presently participating in the Thirteenth Judicial Circuit, Hillsborough County, Florida, to a similar such program in the Judicial Circuit, County, Florida. [ \_\_\_\_\_ ]
6. I understand the current statute pertaining to the Transfer of a Drug Court Treatment Program participant, section 910.035(5), Florida Statutes, does not require such a plea as I am entering herein, and I waive any objection for this reason, as I am on the opinion that it is in my best interest to transfer this matter to another jurisdiction. [ \_\_\_\_\_ ]
7. I understand that if I am permitted as a result of this plea to transfer my participation in the Drug Court Treatment Program, and I fail to successfully complete the Program in that other jurisdiction as determined by the Drug Court Judge therein, I will be sentenced by that judge as a result of the plea entered in this case in accordance with section 948.08, Florida Statutes. I further agree and understand that I hereby am waiving and abandoning any and all legal and/or factual objections to the validity of this plea being entered herein and therefore agree not to raise any such objections after the Order to Transfer is entered. [ \_\_\_\_\_ ]
8. I understand there is a two year limitation to vacate the plea; thus the sentence can only be stayed up to two years, and if I have not successfully completed my drug treatment, then I must agree to be sentenced within this two year limit. [ \_\_\_\_\_ ]
9. I understand that upon successful completion of the Drug Court Treatment Program in the other jurisdiction, the Drug Court Judge presiding therein will permit me to vacate this plea, and the charges pending against me thereafter will be dismissed by that judge in accordance with section 948.08, Florida Statutes. [ \_\_\_\_\_ ]

Defendant’s Signature

Print Name:

 Defendant’s Mailing Address

Defendant’s Telephone Number

Defendant’s Email Address

**DONE AND ORDERED**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

ELIZABETH G. RICE

Circuit Court Judge

**{Additional language continued on next page}**

*Conformed copies furnished via U.S. Mail to:*

X Insert Name of Plaintiff/Counsel for Plaintiff (as appropriate)

X Insert Name Counsel for Defendant (as appropriate)

X Insert Name Defendant

X Department of Corrections

X Drug Court Coordinator in County

OR

*Electronically conformed copies furnished via JAWS*

*to all parties/counsel properly associated to the case*

*or added in JAWS to receive event notifications as of*

*the date of this order.*