

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ 701 Ocean Street, Room 120 Santa Cruz, CA 95060 Santa Cruz Branch	
PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT:	
MISDEMEANOR ADVISEMENT OF RIGHTS, WAIVER, AND PLEA FORM	CASE NUMBER: DEPARTMENT:

INSTRUCTIONS

Fill out this form if you wish to plead guilty or no contest to the charges against you. Initial the box for each applicable item only if you understand it, and **sign and date the form on page 3**. If you have any questions about your case, the possible sentence, or the information on this form, ask your attorney or the judge.

RIGHT TO AN ATTORNEY

1. I understand that I have the right to be represented by an attorney throughout the proceedings. I understand that the Court will appoint a free attorney for me if I cannot afford to hire one, but at the end of the case, I may be asked to pay all or part of the cost of that attorney, if I can afford to. I understand that there are dangers and disadvantages to giving up my right to an attorney, and that it is almost always unwise to represent myself.

NATURE OF THE CHARGES (Initial all items you are charged with.)

2. I understand that I am charged with the following offense(s):

TYPE OF OFFENSE(S) AND SECTION NUMBER(S)

CONSTITUTIONAL RIGHTS/WAIVER OF RIGHTS

3. I understand the charge(s) against me, and the possible pleas and defenses.
4. RIGHT TO A JURY TRIAL - I understand that I have the right to a speedy, public jury trial. At the trial, I would be presumed innocent, and I could not be convicted unless 12 impartial jurors were convinced of my guilt beyond a reasonable doubt.
5. RIGHT TO CONFRONT WITNESSES - I understand that I have the right to confront and cross-examine all witnesses testifying against me.
6. RIGHT AGAINST SELF-INCRIMINATION - I understand that I have the right to remain silent and not incriminate myself, and the right to testify on my own behalf. I understand that by pleading guilty or no contest, I am incriminating myself.
7. RIGHT TO PRODUCE EVIDENCE - I understand that I have the right to present evidence and to have the Court issue subpoenas to bring into court all witnesses and evidence favorable to me, at no cost to me.

INITIALS ↓
1.
2.
3.
4.
5.
6.
7.

RIGHTS ON CHARGES OF PRIOR CONVICTIONS(S) AND PROBATION VIOLATION(S)

8. If applicable - I understand that I have the right to an attorney, the right to a jury trial, the right to confront witnesses, the right against self-incrimination, and the right to produce evidence for all charges against me, including any charged prior convictions(s) or probation violation(s). However, for a charge of violating probation, I do not have the right to a jury trial, although I do have the right to a hearing before a judge. LIST SANTA CRUZ CASE NUMBERS: _____

8.

WAIVER OF RIGHTS

9. I give up my rights to an attorney, and I choose to represent myself (does not apply if you have an attorney).

9.

10. I give up my rights to a jury trial.

10.

11. I give up my right to confront and cross-examine witnesses.

11.

12. I give up my right to remain silent and to not incriminate myself.

12.

13. I give up my right to produce evidence and witnesses on my own behalf.

13.

CONSEQUENCES OF PLEA OF GUILTY OR NO CONTEST

14. Penalty: I understand that the possible consequences for the offense(s) charged include the following:

● _____	0	6 mos/364 days	\$0	\$1000
SECTION NUMBER	JAIL – MIN.	MAX.	FINE – MIN.	MAX.

OTHER CONSEQUENCES: _____

● _____	0	6 mos/364 days	\$0	\$1000
SECTION NUMBER	JAIL – MIN.	MAX.	FINE – MIN.	MAX.

OTHER CONSEQUENCES: _____

● _____	0	6 mos/364 days	\$0	\$1000
SECTION NUMBER	JAIL – MIN.	MAX.	FINE – MIN.	MAX.

OTHER CONSEQUENCES: _____

● _____	JAIL – MIN.	MAX.	FINE – MIN.	MAX.
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OTHER CONSEQUENCES: _____

● _____	JAIL – MIN.	MAX.	FINE – MIN.	MAX.
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OTHER CONSEQUENCES: _____

● _____	JAIL – MIN.	MAX.	FINE – MIN.	MAX.
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OTHER CONSEQUENCES: _____

15. I understand that in addition to the fine, the Court will add assessments which will significantly increase the amount I must pay. I will also be ordered to make restitution and to pay a restitution fine of \$100 to \$1,000 unless the Court finds compelling and extraordinary reasons not to do so.

14.

15.

16. If you are not a citizen of the United States, you are hereby advised that conviction of the offense for which you have been charged may have the consequences of deportation, exclusion from admission to the United States, or denial of naturalization pursuant to the laws of the United States.

16.

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17. I understand that a plea of no contest (Nolo Contendre) will have exactly the same effect in this case as a plea of guilty, but it cannot be used against me in a civil lawsuit which is based upon, or growing out of the act upon which criminal prosecution is based, unless the offense is punishable as a felony.

17.

18. I understand that any plea entered in this case may be grounds for violating probation or parole which has previously been granted to me in any other case.

18.

PLEA(S)

19. I hereby freely and voluntarily plead (circle one) GUILTY NO CONTEST to:

19.

LIST CHARGE(S)

20. I understand that I have the right to a delay of from 6 hours to 5 days prior to being sentenced. I give up this right and agree to be sentenced at this time.

20.

21. If applicable – I freely and voluntarily admit the prior conviction(s) I listed on this form. I understand that this admission will increase the penalties which are imposed on me.

21.

22. If applicable – I freely and voluntarily admit the probation violation(s) I listed on this form and give up my right to a hearing before a judge regarding the probation violations(s).

22.

** DEFENDANT’S SIGNATURE: _____	DATE: _____
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ATTORNEY STATEMENT

I am the attorney of record for the defendant. I have reviewed the form and any addenda with my client. I have explained each of the defendant’s rights to the defendant and answered all of the defendant’s questions with regard to this plea. I have also discussed the facts of the defendant’s case with the defendant, and explained the consequences of this plea, the elements of the offense(s), and the possible defenses. I concur in this plea and in the defendant’s decision to waive his or her constitutional rights.

SIGNATURE OF DEFENDANT’S ATTORNEY	DATE
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INTERPRETER’S STATEMENT (if applicable)

I, having been sworn or having a written oath on file, certify that I truly translated this form to the defendant in the language indicated below. The defendant stated that (s)he understood the contents of the form, and then (s)he initialed and signed the form. Language: Spanish Other (specify): _____

COURT INTERPRETER’S SIGNATURE	TYPE OR PRINT NAME	DATE
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COURT'S FINDINGS AND ORDER

The Court, having reviewed this form and any addenda, and having questioned the defendant concerning the defendant's constitutional rights, and the defendant's admission of prior conviction(s) and probation violations(s), if any, finds that the defendant has expressly, knowingly, understandingly and intelligently waived his or her constitutional rights. The Court finds that the defendant's plea is freely and voluntarily made with an understanding of the nature and consequences thereof, and that there is a factual basis for the plea(s). The Court accepts the defendant's plea(s) and the defendant's admission of prior conviction(s) and probation violations(s), if any, and orders this form filed and incorporated in the docket by reference as though fully set forth therein.

<hr/> <input type="checkbox"/> JUDGE OF THE SUPERIOR COURT	<hr/> DATE
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