

STATE OF LOUISIANA
VERSUS _____

FILED: _____
DEPUTY CLERK

WAIVER OF CONSTITUTIONAL RIGHTS
PLEA OF GUILTY – La. R.S. 13:5401

I, _____, date of birth _____, do hereby
plead guilty to the crime of _____, in
violation of La. R.S. _____. By doing so, I understand that I am giving up the following
rights:

- 1) to a trial by judge or jury. _____
- 2) to be presumed innocent until the District Attorney proves my guilt beyond a reasonable
doubt. _____
- 3) to require the District Attorney to call witnesses who, under oath, would have to testify
against me at trial; and to have my attorney confront, ask questions and cross examine each
of those witnesses. _____
- 4) to testify myself at trial, if I choose to do so; or to remain silent, if I choose not to testify
and not have my silence held against me, or considered as evidence of my guilt.

- 5) to present witnesses who would testify for me and present favorable or helpful
evidence. _____
- 6) to appeal any verdict of guilty that might be returned against me at trial. _____

I understand that the sentencing range is:

I understand that my sentence will be:

I understand that I will be sentenced to the custody of the Department of Public Safety and Corrections, the imposition of the sentence will be deferred and I will be placed on Felony Supervised Probation with the Department of Public Safety and Corrections (DOC). _____

I am not suffering from any physical or mental impairments that would affect my competency to enter this plea. _____

I am able to read, write and understand the English language. _____

I am satisfied with the way that my attorney and the Court have handled my case. _____

I have not in any way been forced, coerced or threatened to enter this guilty plea. _____

I understand that this guilty plea could be used to enhance the penalty for any future conviction, should I be convicted of another felony in the future. _____

I understand that at all stages of the proceedings, including appeals, I have the right to retain an attorney of my choice to defend me. If I cannot afford an attorney, one will be appointed to represent me, at no cost to myself. _____

In exchange for my plea to the charge(s) and the sentence imposed by the court, I understand that if I fulfill the obligations of this agreement, the charges may be dismissed and the prosecution set aside in accordance with the provisions of La. C.Cr.P. Art. 893, or if I have been sentenced following the plea of guilty, then the successful completion of the program may result in my discharge from continued supervision.

I further understand that an Article 893 discharge and dismissal shall have the same effect as an acquittal except that the conviction may be considered in order to provide the basis for subsequent prosecution as a multiple offender and shall be considered as an offense for the purposes of any other law or laws relating to the cumulation of offenses.

This form has been fully explained to me by my attorney. In addition, I have read it, and I fully understand it. _____

DEFENDANT

DATE

I have informed the defendant of his rights and that I am entirely satisfied that the defendant knowingly, intelligently, freely and voluntarily entered this plea of guilty knowing the consequences.

DEFENSE ATTORNEY

DATE

The Court accepts this plea of guilty as having been knowingly, intelligently, freely and voluntarily entered into by the defendant.

JUDGE

DATE