

IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT,
IN AND FOR OSCEOLA COUNTY, FLORIDA

IN THE INTEREST OF:

CASE NO.:
DIVISION NO.: 11-A

_____,
A Child.

PLEA

THIS IS A PLEA OF _____ GUILTY _____ NO CONTEST _____ ADMISSION to the _____ PETITION OF DELINQUENCY _____ VOP pending at this time. I have told my attorney all the facts about my case. My attorney has discussed those facts and explained to me the law that I may have violated and the possible sentence options that the Judge could impose. I ADMIT THAT THE STATE COULD PRESENT EVIDENCE AND THE COURT COULD FIND ME GUILTY OF THE OFFENSES TO WHICH I AM ENTERING A PLEA. This plea is agreed to and signed by the Juvenile, one of their parents or guardian if present, Defense Attorney, and State Attorney.

As to Count _____ I plea to the following violation of law: _____ an M-2, M-1, F-3, F-2, F-1; the Statute Number is _____. Adj. Del. Withhold

As to Count _____ I plea to the following violation of law: _____ an M-2, M-1, F-3, F-2, F-1; the Statute Number is _____. Adj. Del. Withhold

As to Count _____ I plea to the following violation of law: _____ an M-2, M-1, F-3, F-2, F-1; the Statute Number is _____. Adj. Del. Withhold

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As to Count _____ I plea to the following violation of law: _____ an M-2, M-1, F-3, F-2, F-1; the Statute Number is _____. Adj. Del. Withhold

1. Facts about Juvenile: My age is _____. My current or last grade is _____. I am not confused about this plea. The only medicine I have taken today is _____ and it does not make me confused.
2. Presumption of Innocence: I give up the presumption of innocence and accept that the State could prove the above against me.
What Might Happen to Me: I have been told the possible sentence options. They include probation, ordering a Pre-Disposition Report and program, suspension of driver's license, curfew, and other sanctions.
I know what I am doing: No one has forced me to plea today. I have not taken any drugs, legal or illegal, drank any alcohol, consumed anything that affects my understanding.
If I am not Represented by an Attorney: I know that I have the right to be represented by an attorney at every stage of the proceedings and, if requested, the Court would appoint an attorney.
I have the right to plea not guilty and have a trial & appeal: I know that I can have a trial. At the trial I can have an attorney, present evidence, make witnesses come to court, confront and cross-examine witnesses, and testify, but I cannot be made to testify. I give up those rights. I also know that I can appeal but I give up that right too.
3. Answer Questions: I understand that the Court may ask me questions about the offense. If those questions are answered under oath, on the record, that the answers may later be used against me in a prosecution for perjury.
4. Civil Commitment/Jimmy Ryce Act: I understand that pleading to a sexually motivated offense, or if I have been previously convicted of a sexually motivated or sexually violent offense, could subject me to involuntary civil commitment in the future.
5. Immigration: I understand that if I am not a United States Citizen, entry of this plea will subject me to deportation. I have had the opportunity to consult with an attorney regarding deportation. I understand that no attorney or judge can advise or guarantee that I will not be deported.
6. No other Promises: This plea contains the complete terms of my plea.

The Juvenile and State Attorney understand that the following sentence (disposition) is a recommendation and is NOT BINDING on the Court.

7. Supervision or Report Requested: _____ DJJ Probation: _____ mos. or until 19th bday, concurrent/consecutive; _____ Judicial Warning; _____ Pre-Disposition Report; _____ Commitment Staffing; _____ Psycho-sexual Eval; _____ DJJ Residential Commitment Program – Non-Secure Res / High / Maximum, followed by DD / PCP / CR; _____ (VOP) Reinstate/continue probation, complete all previously ordered sanctions & report to JPO w/in 24 hrs; _____ Other:

8. Sanctions of Probation: _____ Curfew: _____ PM - _____ AM; _____ No contact with victim; _____ No contact with co-defendant(s): _____; _____ No hostile contact with anyone; _____ No return to scene of offense; Counseling/Evals: _____ Family; _____ Individual; _____ Mental Health evaluation and follow recommended treatment plan; _____ Sex offender counseling; _____ TASC evaluation; _____ Other:
_____. _____ Community service hours _____ hours (must be a registered non-profit organization); Classes/programming: _____ Anger Management; _____ Impulse Control; _____ JOLT; _____ Mentoring; _____ Paxen; _____ Redirections: _____ Expect Respect; _____ Other:
_____. _____ Letter(s) of apology to:
_____. _____ Essay:
_____. Education: _____ Sanctioned to Read; _____ Other Tutoring; _____ Attend School full time (no unexcused absences or tardies, no referrals or suspensions) or if expelled, or older than 16 and dropped out, the proof of seeking/keeping full time employment and encouraged to attend trade school or get GED.
Substance Abuse/Possession: _____ Random Urinalysis Testing; _____ Drug/alcohol evaluation and follow recommended treatment plan; _____ Enter and complete in/out patient treatment at Aspire/Center for Drug Free Living/Oasis; _____ Referral to, and if accepted, enter into and complete Drug Court;
Restitution: _____ Order and Reserve; _____ Agreed amount is \$ _____ to be paid \$ _____ per month starting _____ (date) and monthly thereafter with all payments first applied to restitution and then court costs and fees;
Punishment or Required by Law/Minimum Mandatories: ALL FELONY CHARGES: juvenile is prohibited from possessing a firearm of any type until your 24th birth date; _____ DNA; _____ Driver's License Suspended/Withheld _____ months; _____ Mandatory JDC _____ days; (mandatory Comm Svc is above)
_____ Other: _____
_____ Court Costs; _____ Cost of Prosecution; _____ Public Defender lien; _____ Other:

Dated: _____

Assistant State Attorney has read and agrees to this plea.

Assistant State Attorney/Bar#

Certificate of Defense Counsel

Defense Attorney attests that they have explained this plea form to the Child and the Child indicated that they understood and accepted its terms as well as the consequences. There is no reason known to the Defense Attorney as to why this plea should not be offered to and accepted by the Court. I, Defense Counsel of record, certify that: I have discussed the case with the Child, including his/her Adjudicatory rights, the nature of the charge(s), essential elements of each, the evidence against him/her of which I am aware, the possible defense(s) he/she has, the maximum penalty for the charge(s) and his/her right to appeal. No promises have been made to the Child other than those set forth in this form or on the record.

Attorney for Juvenile/Bar#

Juvenile

By: _____
Deputy Clerk in attendance

Parent/Guardian of Juvenile