

IN THE DISTRICT COURT OF CREEK COUNTY, STATE OF OKLAHOMA

STATE OF OKLAHOMA,)
 Plaintiff,)
 vs.) CM-_____
)
)
)
)

 Defendant.

RECORD OF PLEA WITH ATTORNEY

I am the defendant in this case and I have signed my name at the end of this statement. My lawyer has also signed at the end of this statement. I have received and read a copy of the written charge against me which my lawyer now has. My lawyer and I have talked about this case. I have told my lawyer what I did and what I know about the crime I am accused of. My lawyer has told me what he has learned about the witnesses and evidence against me. I believe that the witnesses and evidence against me can prove the charge(s) and establish facts to support my plea. I have talked to my lawyer as much as I want to and we both agree it would be best that I plead (guilty/no contest) to the charge(s) of:

Count 1: _____ Count 2: _____
 Count 3: _____ Count 4: _____
 Count 5: _____ Count 6: _____

My lawyer has told me what the minimum and maximum punishment is for this crime and has also told me the District Attorney recommends that the court give me the following sentence:

Count 1: _____ Months/Years/Deferred/Suspended \$ _____ Victim's Compensation (VCA) \$ _____ Fine/Special Assessment _____ Payment of court costs	Count 2: _____ Months/Years/Deferred/Suspended \$ _____ Victim's Compensation (VCA) \$ _____ Fine/Special Assessment _____ Payment of Court Costs	_____ ADSAC (DUI School) _____ DVIS Counseling Program _____ DA Probation Rules _____ Victim Impact Panel
Count 3: _____ Months/Years/Deferred/Suspended _____ Victim's Compensation (VCA) \$ _____ Fine/Special Assessment _____ Payment of court costs	Count 4: _____ Months/Years/Deferred/Suspended \$ _____ Victim's Compensation (VCA) \$ _____ Fine/Special Assessment _____ Payment of Court Costs	\$ _____ Jail Costs \$ _____ Drug Court Assmt. _____ HSR Drug/Alcohol Assessment & Compliance with all recommendations
Count 5: _____ Months/Years/Deferred/Suspended \$ _____ Victim's Compensation (VCA) \$ _____ Fine/Special Assessment _____ Payment of court costs	Count 6: _____ Months/Years/Deferred/Suspended \$ _____ Victim's Compensation (VCA) \$ _____ Fine/Special Assessment _____ Payment of Court Costs	\$ _____ Restitution to the District Attorney _____ days in County Jail Other: _____

 (D.A./A.D.A INITIALS)

I understand that the court does not have to follow this recommendation. I understand that I can appeal any sentence the court gives me on this plea or file a Motion to Withdraw my guilty Plea within 10 days. I know that by pleading to this charge I give up my right to have a fair, speedy and public trial and all the other rights that go with a trial. I now give up my rights and plead by signing this Record of Plea. I also understand I waive any motions or defects in the proceedings to date.

I know that the purpose of a trial is to decide my guilt or innocence. I know that I have the right to choose whether I want a jury of six citizens or to have a Judge make this decision. I know that I do not have to prove that I am innocent because the law presumes I am innocent. I also know the District Attorney must prove that I am guilty beyond a reasonable doubt. I know that before I can be found guilty at trial, the witness(es) against me must appear in court and testify under oath. I also know my lawyer and I may be in court at all times during all proceedings, and that my lawyer and I can participate in selecting the jury. I know my lawyer and I can see and hear the witnesses and evidence against me, that we can object to evidence, and cross examine witnesses against me. I know I can call witnesses who can testify for me and the Court can compel witnesses to attend court on my behalf. I also know that if I want to give up the right to remain silent, I can tell the Judge and the jury my side of this case, and that myself and my lawyer can make arguments to the Judge and the jury. I understand that all jurors must agree I am guilty beyond a reasonable doubt before I can be found guilty.

I fully understand these rights, have talked to my lawyer about them, and I make a free choice at this time to give up these rights. I was not promised anything or threatened or forced against my will to give up these rights and plead. I am fully competent and not under the influence of any drugs or alcohol.

Dated this _____ day of _____, 200__.

 Defendant

 Attorney for Defendant

 JUDGE OF THE DISTRICT COURT