

SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA
FELONY ADVISEMENT OF RIGHTS, WAIVER AND PLEA FORM

CASE NUMBER(S)

People v. _____	
Judge _____ Date _____	
Defendant's Attorney _____	
Clerk _____ Reporter _____	

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. If you have any questions about your case, the possible sentence, or the information on this form, ask your lawyer or the judge.

INITIAL ONLY THE BOXES THAT APPLY TO YOU:

CHARGES

- _____/ 1. **[If represented by counsel]**
I have read, discussed with my attorney and understand all allegations in the complaint / information / indictment filed against me.
- _____/ 1a. **[If pro per]**
I have read and understand all allegations in the complaint/information/indictment filed against me.

CONSTITUTIONAL RIGHTS

- _____/ 2. I understand that I have the right to an attorney to represent me throughout the proceeding, and that if I am unable to afford to hire an attorney, the Court will appoint an attorney to represent me at public expense, subject to reimbursement based on my ability to pay. I give up my right to be represented by an attorney. **[initial only if not represented by an attorney]**
- _____/ 3. I understand that on a felony complaint I have the right to a preliminary hearing before a judge at which the district attorney must prove that a crime has been committed by me. If the district attorney does not meet this burden of proof, the charges on the complaint against me would be dismissed. I give up my right to a preliminary hearing. **[Initial only if plea before P.X.]**
- _____/ 4. I understand that I have the right to a speedy and public trial by a jury on the charges. I give up my right to a jury trial on the charges.
- _____/ 5. I understand that I have the right to confront and cross-examine all witnesses against me. I give up this right.
- _____/ 6. I understand that I have the right to present evidence and to call witnesses to testify on my behalf and that I may use the power of the Court to subpoena such evidence or witnesses and compel their presence in court. I give up this right.
- _____/ 7. I understand that I have the right to remain silent and cannot be forced to testify against myself. I understand that by pleading guilty or no contest I am incriminating myself. I give up my right against self-incrimination.

SEE REVERSE SIDE

CONSEQUENCES OF GUILTY/NO CONTEST PLEA

- _____/ 8. I understand that the Court will treat a “no contest” plea just like a guilty plea and find me guilty.
- _____/ 9. I understand that the legal maximum state prison or county jail sentence for the charge(s) to which I am pleading guilty/no contest, including all sentence enhancements, is ____ years and ____ months, and that the maximum fine for the charge(s) is \$10,000 per charge.
- _____/ 10. I understand that conviction of the charge(s) makes me ineligible for a grant of probation. **(When probation ineligibility allegations are charged and admitted).**
- _____/ 11. I understand that my sentence in ☐ state prison or ☐ county jail will be ____ years and ____ months.
- _____/ 12. I understand that my sentence in this case will count as a prior prison commitment under Penal Code Section 667.5 if I am charged with another case in the future.
- _____/ 13. I understand that any state prison sentence will be followed by my being on parole or post-release community supervision. Parole can be from 2 years up to 15 years depending upon your crime. For certain sex offenses it can be up to 20 years 6 months. Post-release community supervision can be for up to three years.
- _____/ 14. SPLIT SENTENCE: I understand that my sentence will be ____ months or ____ days in county jail followed by ____ months or ____ days of mandatory supervision by probation.
- _____/ 15. If I receive a split sentence, I understand that the court will suspend execution of a concluding portion of the term and I will be placed on mandatory supervision by probation. The court may impose on that period of mandatory supervision any conditions that are reasonably related to the charge(s) to which I am pleading guilty/no contest.
- _____/ 16. FELONY PROBATION: I understand that I will be placed on felony probation for ____ years.
- _____/ 17. I understand that the Court will impose conditions upon my probation. These conditions may include up to one year in the Contra Costa County jail, a fine of up to \$10,000, and other conditions that are reasonably related to the charge(s) to which I am pleading guilty/no contest.
- _____/ 18. I understand that as a condition of probation I will serve ____ days in the Contra Costa County jail.
- _____/ 19. I have credit for ____ actual days served through today.
- _____/ 20. I understand that I will be permitted to apply for a Custody Alternative Bureau (C.A.B.) Program (EHD/SWAP/Sheriff's Parole) to serve the remainder of my sentence. I further understand that the Sheriff will determine if I am accepted into that program; if rejected I will have to serve the remainder of my time in county jail. NO PROMISES NOR REPRESENTATIONS HAVE been made to me regarding whether or not I will be accepted into these programs. If rejected, I understand that I will serve my sentence in County jail and that I will not have my sentence modified for that reason NOR will I be permitted to withdraw my plea for that reason. **(applies only to persons referred to the Sheriff's Custody Alternative Bureau).**
- _____/ 21. I understand that if I violate the conditions of my probation, the court could revoke my probation and sentence me to the maximum term in state prison or county jail and to the maximum fine.
- _____/ 22. I understand that if I violate the conditions of my mandatory supervision or post-release community supervision, the court could revoke my supervision and sentence me to county jail.
- _____/ 23. I understand that conviction of the charge(s) will subject me to registration requirements.

- _____/ 24. I understand that conviction of the charge(s) will require me to pay appropriate restitution to the victim(s) of my crimes and/or to pay a restitution fine of not less than \$200 and not more than \$10,000 [for a felony conviction] or not less than \$100 and not more than \$1,000 [for a misdemeanor conviction].
- _____/ 25. I understand that conviction of the charge(s) will result in suspension or revocation of my privilege to drive a motor vehicle.
- _____/ 26. Federal Law provides for mandatory deportation for certain crimes. I understand that if I am not a citizen of the United States, I have the right to contact an immigration attorney, a diplomat or consular representative of my country. I also understand that a conviction of a crime may, and for certain crimes will, result in my deportation, denial of my re-entry to the United States and denial of my application for citizenship.
- _____/ 27. I understand that the charge to which I am pleading guilty/no contest constitutes a "STRIKE" under current law and may be charged as a "STRIKE" prior conviction in the future, if I am charged with a new felony offense. If found to be true, this strike prior would subject me to the enhanced penalties under the strike law. **[for use when defendant is pleading guilty to future strike]**.
- _____/ 28. I understand that the charge to which I am pleading guilty/no contest may be charged as a prior conviction in the future and subject me to increased penalties. **[for use on other "priorable" offenses]**.
- _____/ 29. I understand that as a result of my conviction in this case, I will be prohibited from possessing any firearm or ammunition.
- _____/ 30. I understand that any plea entered in this case may be an admission of a violation of probation, mandatory supervision, post-release community supervision, or parole which has been imposed on me in any other criminal case.
- _____/ 31. I understand that I have the right to appeal this sentence, conviction and any rulings made by the Court in this case. I give up my right to appeal in exchange for accepting this negotiated disposition.

VOLUNTARINESS OF PLEA

- _____/ 32. Except for what is promised to me in open court **ON THE RECORD** I have not been promised or offered anything by anyone (including my attorney) that causes me to enter a guilty/no contest plea.
- _____/ 33. No threat has been made against me or anyone close to me that causes me to enter a guilty/no contest plea.
- _____/ 34. My mental abilities are not now impaired in any manner by prescription or nonprescription drugs, alcohol, or for any other cause; I am completely alert and sober; and I am fully able to understand these proceedings.

FACTUAL BASIS OF PLEA

[If represented by counsel]

- _____/ 35. I have discussed the contents of the police reports and investigative reports with my attorney. I am satisfied that I know the evidence that could be used against me in trial, as well as any possible defenses to these charges.

SEE REVERSE SIDE

[If in pro per]

- _____/ 35a. I have read the police reports and I am satisfied that I know the evidence that could be used

against me to these charges, as well as any possible defenses.

_____/ 36. I believe and agree that a jury or judge who heard the evidence against me could find me guilty of the charges to which I am pleading guilty/no contest.

ENTRY OF PLEA

_____/ 37. Having read and understood this form, I hereby freely and voluntarily plead [] guilty or [] no contest to _____
(list charges, priors and enhancements)

SIGNATURE OF DEFENDANT

DATE

ATTORNEY'S STATEMENT

I am the attorney of record for the defendant. I have reviewed the form and any addendum 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 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 constitutional rights. I stipulate that there is a factual basis for the defendant's plea(s).

SIGNATURE OF DEFENDANT'S ATTORNEY

DATE

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 he/she understood the contents of the form, and then he/she initialed and signed the form.

Language: ☐ Spanish ☐ Other (specify): _____

DATE

TYPE OR PRINT NAME

SIGNATURE

COURT'S FINDINGS AND ORDER

The Court, having reviewed this form and all attachments hereto, and having questioned the defendant concerning his/her understanding of, and execution of this form, finds that the defendant has expressly, voluntarily, knowingly, understandingly and intelligently waived his/her rights as set forth therein; that the plea(s) of the defendant are freely and voluntarily made with an understanding of the consequences thereof; and that there is a factual basis for the plea(s). The Court accepts the plea(s), finds the defendant guilty of each charge and allegations pled to, and orders this form filed and incorporated in the case file by reference as though fully set forth therein.

DATED _____

JUDGE OF THE SUPERIOR COURT