

IN THE CIRCUIT COURT FOR ORANGE COUNTY, FLORIDA, JUVENILE DIVISION

IN THE MATTER OF:

Division: \_\_\_\_\_

Case Number: \_\_\_\_\_

\_\_\_\_\_/   
 A Child.

PLEA

*THIS IS A PLEA OF* \_\_\_\_\_ *GUILTY* \_\_\_\_\_ *NO CONTEST* to the PETITION OF DELINQUENCY pending at this time. I have told my attorney all the facts that I know 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 Counsel, and State Attorney.

The State will dismiss the following counts upon acceptance of the plea by the court: \_\_\_\_\_.

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 \_\_\_\_\_.

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 \_\_\_\_\_.

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 \_\_\_\_\_.

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 \_\_\_\_\_.

1. Facts about Juvenile: My age is \_\_\_\_\_. My current or last grade level is \_\_\_\_\_. I am not confused about this plea. The only medicine I have taken today is \_\_\_\_\_ and it does not make me confused.

2. I give up the following rights:

Presumption of Innocence: I give up the presumption of innocence, and accept that the State could prove the above charges 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, or consumed anything that affects my understanding.

If I am not Represented by an Attorney: I know that I have a 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.

Filed in open court \_\_\_\_\_

Clerk, Circuit Court, Orange Co., FL

By \_\_\_\_\_ D.C.

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. 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.

5. Supervision Requested: \_\_\_\_\_ Parental Probation; \_\_\_\_\_ DJJ Probation; \_\_\_\_\_ Judicial Warning  
 Length of Term of Probation \_\_\_\_\_ Adjudication /Withhold/ Up to Court

6. Documents Ordered: \_\_\_\_\_ Pre-Disposition Report; \_\_\_\_\_ Commitment Staffing; \_\_\_\_\_ Multi-Disciplinary Staffing; \_\_\_\_\_ Psycho-Sexual Evaluation; \_\_\_\_\_ Waive Pre-Disposition Report

7. Punishment or Required by Law: \_\_\_\_\_ DNA; \_\_\_\_\_ Driver's License Suspension/Withheld for \_\_\_\_\_ months. All felony charges: juvenile is prohibited from possessing a firearm of any type until your 24<sup>th</sup> birthday; \_\_\_\_\_ no return to Scene; \_\_\_\_\_ no Contact with Victim; \_\_\_\_\_ Community Service \_\_\_\_\_ hours.

8. Rehabilitation:

Courses: \_\_\_\_\_ Anger Management; \_\_\_\_\_ Impulse Control Class; \_\_\_\_\_ Drug Evaluation and Treatment (if required); \_\_\_\_\_ RUA; \_\_\_\_\_ Sanctioned To Read

Restitution: \_\_\_\_\_ Order and Reserve for \_\_\_\_\_ days; \_\_\_\_\_ agreed amount is \$ \_\_\_\_\_.

Counseling: \_\_\_\_\_ family \_\_\_\_\_ individual \_\_\_\_\_ mental health evaluation and counseling; \_\_\_\_\_ sex offender counseling; \_\_\_\_\_ other \_\_\_\_\_.

Other: \_\_\_\_\_

Dated \_\_\_\_\_ 20\_\_\_\_\_.

Assistant State Attorney has read and agrees to this plea.

\_\_\_\_\_  
 Assistant State Attorney

Defense Counsel Certificate

Defense Attorney attests that they have explained this plea form to their client and the client indicated that they understood and accepted its terms. There is no reason known to the Defense Attorney as to why this plea should not be offered to and accepted by the Court.

\_\_\_\_\_  
 Attorney for Juvenile

\_\_\_\_\_  
 Juvenile

\_\_\_\_\_  
 Parent/Guardian of Juvenile