



SAINT LOUIS COUNTY

Municipal Court

Division:	Court ORI Number:	
	Offense Cycle No. (OCN):	
St. Louis County vs. _____		
Defendant's Name/Address:		
<u>Charge Code/Description</u>	<u>Offense Date</u>	

Guilty Plea and Waiver of Counsel

I, the undersigned defendant, enter a plea of guilty to the charge(s) pending against me. By pleading guilty, I admit that I committed the offense(s) with which I am charged and that I have been advised of the following rights:

1. To a trial; to be present at my trial and question witnesses against me; to secure a court document ordering witnesses to appear in my defense and testify at my trial; to not testify at my trial and not have my silence held against me.
2. To be represented by an attorney; to have an attorney appointed for me if I am found by the judge to be indigent and there is a possibility of jail time if convicted.
3. To be fully advised of the charge(s) to which I plead guilty.
4. To be fully advised of the minimum penalty provided by law and the maximum penalty provided by law.
5. To be fully advised that by pleading guilty, I waive my right to a trial.

I now have been advised of, and understand, that my plea of guilty will result in my giving up all of the above rights, and that I freely and voluntarily give up those rights, and I plead guilty to the above charge(s). I voluntarily and without the result of force or threats or promises, waive my right to counsel.

Understanding these rights, I waive my right to counsel and I plead guilty to the above charge(s).

Date

Defendant's Signature

The court finds that the defendant has been fully informed of the aforementioned rights, understands them and knowingly, intelligently and voluntarily waived these rights and the defendant pleads guilty to the above charge(s).

Date

Judge's Signature