

STATE OF ARKANSAS

PLAINTIFF

VS. CR \_\_\_\_\_ - \_\_\_\_\_

DEFENDANT

GUILTY PLEA STATEMENT

RECOMMENDATION OF PROSECUTING ATTORNEY:

Pursuant to the laws of the State of Arkansas, and in the best interest of the public, the Prosecuting Attorney will recommend to the Court the punishment on State's Recommendation provided to defense counsel upon the defendant's plea of guilty to the crimes charged in the above referenced cause(s)

\_\_\_\_\_ Prosecuting Attorney (or Deputy)

GUILTY PLEA STATEMENT BY DEFENDANT:

I hereby accept the Prosecutor's recommendation as follows:

- (1) I am not under the influence of drugs or alcohol, and have never been treated for mental problems.
- (2) I have fully read and understand this statement, and it has been explained to me by my attorney to my satisfaction.
- (3) My attorney and I have fully discussed all the facts and circumstances of my case, including the elements of each charge along with all possible defenses.
- (4) I am charged with the following offense(s):

OFFENSE	CLASS	PUNISHMENT RANGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- (5) I understand that I have the following rights:
  - (a) The right to remain silent and make no statements.
  - (b) The right to be represented by an attorney.
  - (c) The right to a speedy, public trial by jury which must unanimously find me guilty beyond a reasonable doubt on each element of any charge.
  - (d) The right to be found guilty of a lesser charge and/or punishment than the original charge.
  - (e) The right to personally confront and cross-examine every witness, and the right to call witnesses to testify for me.
  - (f) The right of appeal with an attorney to represent me.
  - (g) The right to question all facts, circumstances and evidence, and to confront and raise all legal issues and theories.
  - (h) To file a petition within 90 days that my attorney was ineffective, and my right to appeal by thus extended 30 days past a hearing on this motion.
- (6) I understand that if I plead guilty, I give up and waive all my rights, and if the plea is accepted by the Court, it cannot be changed nor the punishment reduced.
- (7) By pleading guilty I will lose my right to vote and the right to possess firearms. I may also incur employment and various other indirect problems from this conviction.
- (8) Each prior or later conviction can increase the time of punishment required before parole eligibility.
- (9) No one has threatened me nor promised me anything that has caused me to plead guilty. I understand the Prosecuting Attorney will make a sentence recommendation to the Court based on his statement, but if the plea recommendation is not accepted, my guilty plea will be withdrawn and the statements herein will not be held or used against me.
- (10) I hereby plead guilty to having committed the above stated crime(s), and understand by doing so I give up all my rights.

\_\_\_\_\_, DEFENDANT \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ DATE

STATEMENT OF ATTORNEY

The defendant's attorney states that he witnessed the above signature. The undersigned further represents to the court he has explained the Guilty Plea Statement to the defendant and fully answered all of the defendant's questions. Further, that all possible defenses were considered, and all matters were fully discussed that might aid the defendant. No reason is known why it would not be in the defendant's best interest to plead guilty.

\_\_\_\_\_, DEFENSE ATTORNEY \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ DATE