

**IN THE MUNICIPAL COURT OF THE CITY OF ST. HELENS  
COLUMBIA COUNTY, OREGON**

STATE OF OREGON,

Plaintiff,

vs.

Defendant.

CASE #

CITATION #

**PETITION TO ENTER PLEA OF  
GUILTY / NO CONTEST**

**1. RIGHTS**

I know I can plead NOT GUILTY and go to trial on any or all charges. If I plead Guilty or No Contest, I give up all of the following rights: (1) a speedy trial, (2) a trial by jury or a judge, (3) face and question witnesses called against me, (4) make the Prosecuting Attorney prove my guilt beyond a reasonable doubt, (5) force evidence in my favor to be brought forward and force witnesses to testify on my behalf, (6) have a lawyer help me at all times during my case and, (7) testify for myself, but if I do not testify, my silence cannot be used against me.

2. My name is: \_\_\_\_\_, I am also known as: \_\_\_\_\_  
I wish to plead ☐ Guilty / ☐ No Contest to and admit I did commit the following crime(s): \_\_\_\_\_

**3. NO ONE HAS THREATENED ME OR PROMISED ME ANYTHING TO PLEAD GUILTY/NO CONTEST.**

I know the Prosecuting Attorney may recommend a sentence and that I, or my attorney, may recommend a sentence. I know the Judge is not required to follow anyone's recommendation, and it is possible that I could receive the maximum sentence. I have been told the Prosecuting Attorney will recommend the following sentence (complete if applicable):

4. I understand the possible maximum sentence and the sentencing guidelines presumptive sentence for my crime(s) is:

COUNT #/CHARGE	MAXIMUM SENTENCE	REQUIRED MINIMUM
_____	_____	_____
_____	_____	_____

In addition to the sentence imposed, I understand that there may be other significant consequences if I enter a "guilty" plea, including but not limited to: the loss of my right to use, possess, receive, ship, or transport any firearm or firearm ammunition if I am convicted of an offense involving domestic violence, as defined by ORS 135.230; or prohibition from leaving the state without first requesting permission from the Court; or possible drivers license sanctions, depending on the charge(s).

**5. PAROLE/PROBATION**

I understand that if I am on parole or probation, a conviction in this case could cause my probation or parole to be revoked and I could receive an additional sentence because of this plea.

**6. AGE, EDUCATION, CITIZENSHIP**

My age is \_\_\_\_\_. The highest grade I completed in school was \_\_\_\_\_. I understand that if I am not a citizen of the United States, a criminal conviction could cause me to be deported, denied United States citizenship, or refused the right to re-enter the United States.

## 7. STATEMENT OF VOLUNTARY PLEA OF GUILTY/NO CONTEST

I believe my lawyer has done all that anyone could do to counsel and assist me. I AM SATISFIED WITH THE ADVICE AND HELP GIVEN TO ME; I recognize that if I have been told by my lawyer that I might receive probation or a light sentence, this is merely his/her prediction and is not binding on the Court. I OFFER MY PLEA OF "GUILTY/NO CONTEST" FREELY AND VOLUNTARILY AND OF MY OWN ACCORD AND WITH FULL UNDERSTANDING OF ALL THE MATTERS SET FORTH IN THE COMPLAINT AND IN THIS PETITION AND IN THE CERTIFICATE OF MY LAWYER WHICH FOLLOWS.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## 8. CERTIFICATE OF COUNSEL

I have reviewed with the defendant his petition, the facts for this case, all discovery, applicable law, possible sentences, defenses and motions and believe there is a factual basis for the defendant's plea of guilty/no contest. To my knowledge, the plea is being freely and voluntarily entered and there is a factual basis for the plea.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Attorney's Printed Name: \_\_\_\_\_ Bar No.: \_\_\_\_\_

## 9. APPEAL RIGHTS

**Everyone convicted of a crime has a right to appeal.** If you PLEAD GUILTY/NO CONTEST, your appeal is limited to whether the sentence is cruel and unusual. If you went to trial and were found GUILTY, your appeal could be based on whether the trial contained legal errors and whether the sentence is unlawful or is cruel and unusual.

To begin an appeal, you must file a Notice of Appeal, meeting the requirements of Oregon law, with the Clerk of the Oregon Court of Appeals, Attn: Records Section, Appellate Court Administrator, Supreme Court Building, 1163 State Street, Salem, OR 97301-2563, within 30 days of the day you are sentenced. Copies of the Notice must be served on the Prosecuting Attorney, the Municipal Court Clerk, and the Attorney General. If you want a transcript of the trial or sentencing, a request for a copy must be served on the Municipal Court Clerk. If you cannot afford an attorney, the State Public Defender may be appointed for your appeal. You can contact them at their address: 1175 Court Street NE, Salem, OR 97301.

If you are in custody, the Trial Judge may decide whether to release you or allow you to post bail during your appeal.

**BY SIGNING THIS FORM YOU ARE TELLING THE COURT YOU UNDERSTAND YOUR RIGHTS.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Defendant's Attorney's Signature