

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF MARION

Final 2/8/2019
Verified Correct Copy of

STATE OF OREGON,

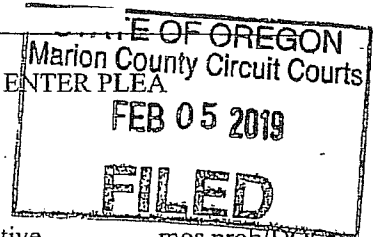
Plaintiff,

v.

Defendant.

Case Number: _____

PETITION TO ENTER PLEA



I wish to plead GUILTY NO CONTEST as follows:

Count 01	: REAP (A Misd)	CS	/CH	Presumptive	mos prob/DOC
Count	:	CS	/CH	Presumptive	mos prob/DOC
Count	:	CS	/CH	Presumptive	mos prob/DOC
Count	:	CS	/CH	Presumptive	mos prob/DOC

I further understand that the mandatory sentence is as follows:

Count	:	Count	:
Count	:	Count	:

2. I understand that by entering my plea(s), I am: (a) giving up my right to a speedy and public trial by jury which would decide whether or not the evidence proves beyond a reasonable doubt that I am guilty and whether there are facts to support a departure sentence; (b) giving up my right to confront and cross-examine witnesses the State may call to testify against me; (c) giving up my right to compel witnesses to come to court and to bring with them any physical evidence in their possession; (d) giving up my right to take the witness stand if I choose to, which includes the right to prevent anyone from calling me as witness against my wishes; and (e) giving up my right to remain silent.

3. I understand that I have the right to the help of an attorney at all stages of my case. If I cannot afford an attorney and I am indigent, an attorney will be appointed to represent me at public expense. I also understand that I may be ordered to reimburse the State of Oregon for the cost of my court-appointed counsel.

4. I understand that by entering this plea, the court may impose the same punishment as if I pled Not Guilty, there had been a trial, and I have been convicted. I understand that if I enter pleas to more than one charge, the Court may run the sentence on each charge consecutive to one another.

5. I have read the Information or Indictment filed against me and I understand the charges. I further understand that the maximum possible sentence I could receive is as follows:

Count(s) 01	: 364	(days/months/years in jail)	or prison, and a fine of up to \$6,250	, or both.
Count(s)	:	days/months/years in jail	or prison, and a fine of up to \$, or both.
Count(s)	:	days/months/years in jail	or prison, and a fine of up to \$, or both.

I further understand:

- My driving privileges will be suspended/revoked for _____ year(s) month(s) lifetime.
- I will be disqualified from holding a CDL for _____ year(s) month(s) lifetime.
- My sentence for DUII will include AT LEAST 48 hours in jail or 80 hours community service; a minimum fine of \$1000 (\$2000 if BAC is .15 or more) and a \$255 conviction fee; and AT LEAST a one year suspension of my driving privileges.
- I will be ordered to pay a mandatory assessment of \$500 for each conviction of Delivery of Methamphetamine and/or a mandatory assessment of \$1000 for each conviction of Manufacture of Methamphetamine.

6. I understand that if I am currently on probation, parole or post-prison supervision, this conviction may result in revocation of my probation or violation of my parole or post-prison supervision.

7. I understand that no recommendation, prediction or agreement regarding my sentence by or between attorneys is binding on the court. No threats have been made to me by anyone to convince me to enter this plea and no promises have been made except as may have been stated in open court or in this plea petition. I understand that the District Attorney

will recommend the following sentence: Count 01 – 24 months bench probation (MARDGB, NCCJ – obey DHS, NCVI– , PTTR), \$100 MISD, \$100 BEAS

I stipulate to the above sentence recommendation, and I ask the Court to impose that sentence.

exchange for my pleas to the charge(s) listed above the District Attorney is agreeing to move to dismiss:
Count _____ : _____ Count _____ : _____
Count _____ : _____ Count _____ : _____

I understand that if my agreement with the District Attorney requires any dismissed charges to be reinstated by the Court if my plea is withdrawn or the judgment of conviction is later reversed, vacated, or set aside; I do specifically give up any challenge I may have to the reinstatement of these charges based upon any statute of limitations and any statutory or constitutional speedy trial or double jeopardy rights applicable to the dismissed charges.

The factual basis for my guilt is: On or about April 7, 2018, in Marion County, OR, I unlawfully and recklessly created a substantial risk of serious physical injury to _____

9. I understand that if my conviction is for a felony crime, I cannot possess or own a FIREARM. I further understand that if I am convicted of a crime involving "DOMESTIC VIOLENCE," federal law may prohibit me from possessing, receiving, shipping or transporting any firearm or ammunition. I also understand that the conviction may prevent me from serving in the United States Armed Forces or being employed in law enforcement.

10. I understand that if I am not a citizen of the United States or if I am in this country without permission, conviction of a crime will result in my DEPORTATION from, or exclusion from admission to, the United States. I also understand that I may be denied United States citizenship as a result of my conviction.

11. I understand that by entering my plea(s), I am giving up all right of APPEAL to a higher court unless I can show that the sentence imposed exceeds the maximum allowed by law or is unconstitutional. I further understand that a notice of appeal must be filed within 30 days after my sentencing, and the notice of appeal must be sent to the District Attorney, the Trial Court Transcript Coordinator, and the Trial Court Administrator. If I apply for an attorney and I am indigent, an attorney may be appointed to represent me on appeal. I will tell my trial attorney if I want to appeal and my attorney will notify the Office of Public Defense Services.

2-4-19

Defendant Signature _____ Print Name _____ Date _____
Address _____ City _____ State _____ Zip _____

As the attorney for the Defendant, I represent to the best of my information and belief that the Defendant has been fully informed of the material facts and law regarding this case and the plea is voluntary.

2/4/19

Attorney Signature _____ OSB # _____ Print Name _____ Date _____

Interpreted by: _____
Signature _____ Print Name _____ Date _____

2/5/19

Circuit Court Judge _____ Print, Type or Stamp Name _____ Date _____

**MARION COUNTY CIRCUIT COURT
PROBATION PACKAGES**

019

Package Name	Code	Conditions
Drug Bench Probation (MARDGB)	D RTP	Participate in a substance abuse evaluation. Enter and successfully complete any course of treatment, including after and follow-up care determined to be necessary and as designated by the Evaluator or the Probation Officer.
	N CCS	Do not have contact with anyone who use or possess controlled substances illegally, or from going to places where such substances are kept or sold.
	N ALC	Do not use or possess alcohol, intoxicants, inhalants or controlled substances.
	N EBT	Do not enter into bars, taverns or liquor stores.
	N MMC	Do not participate in the Oregon Medicinal Marijuana Program.
	C RTR	Appear in Court at the Marion County Court Annex located at 4000 Aumsville Highway, Salem, Oregon, on [date] at [time], to show proof of completion.
	N LAW	Obey all municipal, county, state and federal laws.
	F RPR	Stipulate that the following is/are a nuisance and shall be destroyed: [required text].
	F NRV	It is hereby further ordered and adjudged that the clerk apply payment upon this money award as provided by law and apply any bail or security on deposit herein toward this money award and, to the extent permitted by law, disperse them first to compensatory fines, then to restitution, Crime Victim Assessment, fines, assessments, fees and then to other costs adjudged herein.

Verified Correct Copy of Original

!

-With the assistance of my attorney, I have reviewed and understand the probation terms and conditions of the package on this page.
 _____ (initial)