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

STATE OF OREGON Plaintiff,)) No.)) No.	
		VS.)) PETITI)	ON TO ENTER PLEA OF GUILTY	
		Defendant.)		
1.	RIGHTS: I know I can plead NOT GUILTY and go to trial on any charges. If I plead guilty, I give up all of the following rights: (1) a speedy trial, (2) a trial by jury, (3) face and question all witnesses called against me, (4) make the District 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, the jury may be told my silence cannot be used against me.					
2.	My name is: I am also known as: I wish to plead guilty to and admit I did commit the following crime(s):					
3.	NO ONE HAS THREATENED ME OR PROMISED ME ANYTHING TO PLEAD GUILTY. I know the District 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 District Attorney will recommend the following sentence (complete of applicable):					
4.	l under	stand the possibl	e maximum sentence an	d the sentencing guideli	ines presumptive sentence for my crime(s) is:	
<u>C</u>	OUNT #	CHARGE	GRIDBLOCK (Felonies Only)	MAXIMUM SENTENCE	REQUIRED MINIMUM	

5. I understand that certain factors may affect the length of my sentence and that the court	may depart from the sentencing				
guidelines presumptive sentence and order that this sentence be served consecutively to an	y other sentence (please				
specify):					
6. 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.					
\square I am not on probation or parole for any crimes. \square I am on probation or parole for the	ne crime(s) of :				
7. AGE, EDUCATION, CITIZENSHIP					
My age is The highest grade I completed in school was					
☐ I am ☐ I am not a citizen of the United States. 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 re	efused the right to re-enter the				
United States.					
8. WAIVE OR WAITING PERIOD BEFORE SENTENCING					
After pleading guilty, I understand that I have the right to wait 48 hours before being sentenced.					
\Box I wish to be sentenced immediately. \Box I wish to exercise my right to wait 48 hou	irs before being sentenced.				
 STATEMENT OF VOLUNTARY PLEA OF GUILTY I believe my lawyer has done all that anyone could do to counsel and assist me. I AM SA 	TISSIED WITH THE ADVICE AND				
HELP HE HAS GIVEN ME; I recognize that if I have been told by my lawyer that I might rece					
this is merely his prediction and is not binding on the Court.					
I OFFER MY PLEA OF "GUILTY" FREELY AND VOLUNTARILY AND OF MY OWN ACC UNDERSTANDING OF ALL THE MATTERS SET FORTH IN THE INDICTMENT AND IN TH CERTIFICATE OF MY LAWYER WHICH FOLLOWS.					
SIGNED:	DATED:				
STREET ADDRESS:					
CITY, STATE:					
PHONE:					
10. CERTIFICATE OF COUNSEL					
I have reviewed with the defendant this petition, the facts for this case, all discovery, app					
defenses and motions and believe there is factual basis for the defendant's plea of guilty. To freely and voluntarily entered.	my knowledge, the plea is being				
	DATED				
SIGNED:	DATED:				
ATTORNEY'S NAME PRINTED:	BAR NO.:				