

EXHIBIT "A"  
PAGE 1 OF 4 PAGES

IN THE SUPERIOR COURT OF HENRY COUNTY  
STATE OF GEORGIA

STATE OF GEORGIA )  
VS. ) CASE NO.: \_\_\_\_\_  
\_\_\_\_\_ )

STATEMENT OF DEFENDANT DESIRING TO ENTER NEGOTIATED PLEA

My true and correct name is \_\_\_\_\_.

I am \_\_\_\_\_ I am not \_\_\_\_\_ a U.S. citizen.

I understand that I am charged with the following offenses: \_\_\_\_\_  
\_\_\_\_\_.

I have had sufficient time to discuss this/these charges with my attorney, and I understand that I have the right to plead either "NOT GUILTY" or "GUILTY."

I understand that a plea of "NOT GUILTY" gives me the following rights, but that I waive these rights if I plead "GUILTY":

(INITIAL IN PARENTHESIS)

- ( ) A trial by jury;
- ( ) A legal presumption that I am innocent;
- ( ) The right to cross-examine and confront witnesses who come into court and testify against me;
- ( ) The right to testify at my trial, if I desire to do so, and the right to offer other evidence to show that I am innocent;
- ( ) The right to have an attorney present at my trial and to have him or her assist me with the trial;
- ( ) The right not to be required to give evidence against myself or evidence that incriminates me.

EXHIBIT "A"  
PAGE 2 OF 4 PAGES

I understand that the maximum possible sentence I could receive is:

Ct. 1	Ct. 2	Ct. 3	Ct. 4	Ct. 5	Ct. 6	Ct. 7	Ct. 8

---



---

I am informed that Judge Veal, an assistant district attorney, and my attorney have discussed this case and that if I plead guilty, I will receive the following sentence:

Ct	Charge	Total Sentence	Jail (serve time)	Fine	C/S	Rest.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

---



---

EXHIBIT "A"  
PAGE 3 OF 4 PAGES

SPECIAL CONDITIONS:

- |   |   |
|---|---|
| <input type="checkbox"/> FVIP                             | <input type="checkbox"/> Theft Prevention                                       |
| <input type="checkbox"/> MRT                              | <input type="checkbox"/> O.C.G.A. 42-8-60                                       |
| <input type="checkbox"/> Anger Mgmt.                      | <input type="checkbox"/> O.C.G.A 16-13-2  |
| <input type="checkbox"/> VIP                              | <input type="checkbox"/> No Contact <input type="checkbox"/> No Violent Contact |
| <input type="checkbox"/> Risk Reduction                   | <input type="checkbox"/> License Suspension                                     |
| <input type="checkbox"/> Drug and Alcohol Ass/Treat       | <input type="checkbox"/> Search and Specimen Clause                             |
| <input type="checkbox"/> Sex Offender Registry/Conditions | <input type="checkbox"/> No Alcohol <input type="checkbox"/> No Drugs           |

Other special conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I have discussed pleading guilty with my lawyer. I have no objection to the way my attorney has handled my case. I am not under the influence of drugs or alcohol. No person has forced me or threatened me or any member of my family. My attorney has explained my constitutional rights and alternatives to pleading guilty. I understand that I can withdraw a plea of guilty at any time before sentencing. No person has made any promise to me that is not described in this statement.

EXHIBIT "A"  
PAGE 4 OF 4 PAGES

I understand that I have thirty (30) days to file an appeal of my sentence.

I further understand that if I wish to file a motion to withdraw my plea of guilty that such motion must be filed before the end of this term of court.

I understand that I have four (4) years from the sentencing date on any felony sentence, one (1) year under any misdemeanor sentence and 180 days on any traffic sentence to challenge my plea and/or sentence under the habeas corpus statutes.

Because I understand the charges, my right, and the consequences and benefits of pleading guilty, I hereby waive those rights and freely and voluntarily plead guilty. After going over it with my attorney, I am signing this statement in open court and agree that it becomes a part of the transcript.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

---

Defendant

---

Defense Attorney

EXHIBIT "B"

STATEMENT OF DEFENDANT'S ATTORNEY WHEN PLEA IS TENDERED

My name is \_\_\_\_\_ and my bar number is  
\_\_\_\_\_.

I represent \_\_\_\_\_ in  
this case.

I am \_\_\_\_\_ retained \_\_\_\_\_ appointed.

My client has indicated a desire to plead guilty. I explained to my client all his/her statutory and constitutional rights as they apply to this case. I have gone over each and every word of the "Statement of Defendant Desiring to Enter Negotiated Plea," and I saw my client sign same. I do not know of any reason why my client should not enter a plea of guilty or any reason why the Court should not accept such plea. I have advised my client of the alternatives available and of considerations deemed important to him/her in reaching a decision.

The plea agreement recited on "Exhibit A" has not only been made with the consent of the Defendant, the decision to plead guilty was independently made by the Defendant.

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Attorney for Defendant

EXHIBIT "C"

FOURTH AMENDMENT WAIVER

The Defendant shall submit to a search of person, residence, papers, vehicle, and/or effects at any time of day or night without a search warrant, whenever requested to do so by a Probation Officer or other law enforcement officer upon reasonable cause to believe that the Defendant is in violation of probation or otherwise acting in violation of the law, and the Defendant shall specifically consent to the use of anything seized as evidence in any judicial proceedings or trial.

SPECIMEN; ADMISSIBILITY

The Defendant shall produce from time to time upon oral or written request by a Probation Officer, a law enforcement officer, or official of a Georgia DHS-approved substance abuse or mental health provider personnel a breath, saliva, urine and/or blood specimen for analysis for the presence of drugs including alcohol.

The Defendant shall waive evidentiary foundation for admissibility of the laboratory results.

WEAPONS PERMIT

( ) I do not possess a firearm permit of any type.

( ) I possess the following firearms permit(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above-stated weapons permit(s) were issued by the \_\_\_\_\_ court of \_\_\_\_\_, (county) \_\_\_\_\_ (state). The permits were most recently renewed by the \_\_\_\_\_ court of \_\_\_\_\_, (county) \_\_\_\_\_ (state).

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Defense Attorney