

IN THE IOWA DISTRICT COURT FOR WARREN COUNTY

<p>STATE OF IOWA, Plaintiff,</p> <p>vs.</p> <p>«DEF_FIRSTNAME» «DEF_MIDDLENAME» «DEF_LASTNAME», «DEF_NAMESUFFIX», Defendant.</p>	<p>Case No. «Cs_CauseNumber»</p> <p style="text-align: center;"><b>WAIVER OF RIGHTS AND PLEA OF GUILTY</b></p>
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On [Click or tap here to enter text.](#), Defendant, «Def\_FirstName» «Def\_MiddleName» «Def\_LastName», «Def\_NameSuffix», comes before the Court with Defendant’s attorney, «Cs\_DefaFirstName» 124 «Cs\_DefaLastName», 125 of «Cs\_DefaCity», «Cs\_DefaState», and submits this Waiver of Rights and Written Guilty Plea.

**1. Offense.** **Initials** \_\_\_\_\_

I am pleading guilty to the following criminal offense(s) (charge/code section/level of offense):

«TableStart\_Charges»Count «Chg\_CountNumber»: «Chg\_ChargeModifierDescription»  
«Chg\_FullStateDescription», a «Chg\_ClassDescription» «Chg\_SeverityDescription», in  
violation of Section(s) «Chg\_Statute» of the Code of Iowa

«TableEnd\_Charges»

Check this box if you have attached a sheet with additional information.

**2. Preliminary Admissions.** **Initials** \_\_\_\_\_

A. I am \_\_\_\_\_ years of age. I have completed \_\_\_\_\_ years of school. My highest level of education is \_\_\_\_\_. I have read and understand this document and the plea agreement.

B. I am not under the influence of any illicit drugs or alcohol. I have not used any illicit drugs or alcohol in the past twenty-four (24) hours. I have not taken any medication(s) other than as prescribed by my doctor in the past twenty-four (24) hours. To the extent that I am taking medication as prescribed, those medications do not affect my ability to understand the contents and consequences of this written guilty plea.

C. I do not have a physical or mental condition that prevents me from understanding the charge(s) or proceedings.

D.  I read, write, and understand the English language.

I do **not** read, write, or understand the English language. I have reviewed this written guilty plea with the assistance of [Click or tap here to enter text.](#), a court-appointed interpreter, who has translated this written guilty plea, the plea agreement, and any other documents related to this matter for me.

E. I authorize my attorney to appear on my behalf for the  guilty plea only  guilty plea and sentencing.

F. I have received, read, and reviewed the Trial Information and Minutes of Testimony with my

attorney. I understand the nature of the charges against me and what the State would be required to prove.

- G. I have discussed possible legal defenses with my attorney, including any potential suppression issues. I know of no legal defense to the charge(s), suppression issue(s), or any other reason that would change my decision to enter this written guilty plea.
- H. I understand that by pleading guilty, I may not be able to vote, hold public office, or possess firearms or ammunition. I further understand that certain convictions can have adverse consequences with housing, employment, federal or state benefits, student loans, and driving privileges in addition to other consequences.
- I. If I am convicted of two or more felony offenses in my lifetime, I may be subject to an enhanced sentence as a habitual felon. Also, depending on the offense to which I am pleading guilty, an enhanced sentence may apply if I am convicted at a later date of a similar offense (for example, controlled substances, theft, domestic abuse assault).
- J.  I am not currently on probation or parole.  
 I am currently on probation or parole. I understand that this written guilty plea is an acknowledgement that I have violated the terms and conditions of my probation or parole. I further understand that the Court may revoke my probation or parole and order those terms to be served consecutive to any punishment imposed in this case.
- K. I have had enough time and opportunity to meet or speak with my attorney. I am satisfied with their representation and the services they have provided.
- L. I am entering this written guilty plea of my own free will. No promises, other than those contained in the plea agreement (if applicable), and no threats have been made to induce me to sign this written guilty plea. This guilty plea is made knowingly, intelligently, and voluntarily.

**3. Waiver of Trial Rights.**

**Initials** \_\_\_\_\_

I have been advised, and understand, that I may maintain my plea of not guilty to all charges. Before the Court will accept my plea, the Court must be satisfied that I understand my constitutional rights. I understand that I am giving up the following rights:

- A. A speedy and public trial by a jury of twelve people.
- B. A unanimous verdict before I can be found guilty by the jury.
- C. The right to have my case tried to a judge instead of a jury, if I timely waive my right to a jury trial.
- D. An attorney to represent me at all proceedings; and if the Court determines that I am unable to afford an attorney, one would be appointed at state expense to represent me at all stages of this criminal case. I understand that my attorney is willing to represent me at trial if I desire a trial.
- E. The privilege against self-incrimination; I do not have to testify at my trial unless I want to, and the prosecution cannot comment on my refusal to testify, nor can the jury consider my silence against me.
- F. The presumption of innocence; at trial, I would be presumed innocent until such a time, if ever, the State established my guilt beyond a reasonable doubt by producing competent evidence.
- G. Confront and cross-examine witnesses called by the State.
- H. Call witnesses and present evidence on my own behalf and subpoena witnesses (compulsory process) to secure their attendance.

**4. Penalties.**

**Initials** \_\_\_\_\_

- A. I am pleading to a  Class D Felony  Aggravated Misdemeanor  Serious Misdemeanor. I

understand the Court may impose the penalties detailed below:

	<b>Incarceration</b>		<b>Fines</b>	
	<b>Maximum</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Minimum</b>
<b>Class D Felony</b>	Five (5) Years Incarceration	Suspended Sentence (Deferred eligibility pursuant to § 907.3)	\$10,245.00 (Civil Penalty, if judgment deferred)	\$1,025.00 (Civil Penalty, if judgment deferred)
<b>Aggravated Misdemeanor</b>	One (1) Year in Jail or Two (2) Years Incarceration	Suspended Sentence (Deferred eligibility pursuant to § 907.3)	\$8,540.00 (Civil Penalty, if judgment deferred)	\$855.00 (Civil Penalty, if judgment deferred)
<b>Serious Misdemeanor</b>	One (1) Year Incarceration	Suspended Sentence (Deferred eligibility pursuant to § 907.3)	\$2,560.00 (Civil Penalty, if judgment deferred)	\$430.00 (Civil Penalty, if judgment deferred)

**B.** I understand that if I am pleading guilty to multiple charges, the penalties detailed above could run consecutive to one another. I also understand that the terms of confinement set forth above could run consecutive to sentences in other cases, including cases for which I am on probation or parole.

**C.** I have been advised of the following surcharges and collateral consequences that may apply for the crime(s) to which I am pleading guilty:

- (1) Pursuant to Iowa Code Section 911.1, I shall pay a 15% crime services surcharge on the total fine imposed, unless the fine or penalty has been suspended.
- (2) Pursuant to Iowa Code Section 911.2A, I shall pay a human trafficking victim surcharge of \$1,000.00 for each violation of Sections 725.1(2), 710A.2, 725.2, or 725.3.
- (3) Pursuant to Iowa Code Section 911.2B, I shall pay a domestic or sexual abuse related crimes surcharge of \$90.00 for each violation of Sections 708.2A, 708.11, 710A.2, or Chapter 709, or if I am held in contempt of Court for violating a domestic abuse protective order issued pursuant to Chapter 236.
- (4) Pursuant to Iowa Code Section 911.5, I shall pay an Agricultural Theft Surcharge of \$500.00 for each violation of Section 714.2(1)–(3) or Sections 716.3, 716.4, or 716.5 if I damaged, defaced, altered, or destroyed agricultural property.
- (5) If placed on supervised probation, there will be a \$300 supervision fee.
- (6) For Aggravated Misdemeanors and Felonies, a DNA sample will be collected by the State.
- (7) Other: [Click or tap here to enter text.](#)

Check this box if you have attached a sheet with additional information.

**5. Plea Agreement**

**Initials** \_\_\_\_\_

**A.** Other than the plea agreement stated below, there are no other agreements that have been used to convince me to enter this written guilty plea. No one has threatened me or made any promises or assurances to me to force me to enter this written guilty plea. I am pleading guilty voluntarily and with a full understanding of my rights. The terms of the plea agreement are as follows:

[Click or tap here to enter text.](#)

The Defendant agrees that he/she has the reasonable ability to pay Category B Restitution and waives the right to file for a reasonable ability to pay determination.

Check this box if you have attached a sheet with additional information.

**B.**  **Court not bound by the plea agreement.** I understand that the Court is not bound by the plea agreement detailed above and may sentence me up to the maximum sentence provided by law.

**No agreement.** This written guilty plea is entered without any agreement with the State concerning the charge(s) against me or my sentence.

**Plea agreement conditioned on Court approval.** This written guilty plea is entered pursuant to Iowa Rule of Criminal Procedure 2.10 based upon an agreement with the State concerning the charge(s) against me and my sentence. If, at the time of sentencing, the Court does not accept the plea agreement, I may withdraw my plea of guilty.

**Prosecuting attorney’s signature/initials: «CS PAINITIALS»**

If the prosecuting attorney does not sign or initial above, the State must file an approval confirming the terms of the plea agreement within two working days of the date this plea is filed.

**6. Factual Basis**

**Initials** \_\_\_\_\_

**A.** I understand that I have the choice in maintaining my not guilty plea or entering a plea of guilty. I hereby plead guilty to (charge/code section/level of offense):

«TableStart\_Charges»Count «Chg\_CountNumber»: «Chg\_ChargeModifierDescription»  
«Chg\_FullStateDescription», a «Chg\_ClassDescription» «Chg\_SeverityDescription», in violation  
of Section(s) «Chg\_Statute» of the Code of Iowa

«TableEnd\_Charges»

Check this box if you have attached a sheet with additional information.

I admit that on or about CS\_LeadChargeOffFromDate» in «Cs\_JurisdictionDescription» County, I did the following:

Check this box if you have attached a sheet with additional information.

**B.** I agree that a jury could find me guilty on each charge for which I am pleading guilty if the witnesses testified as set forth in the minutes of testimony.

The Court may rely on the Minutes of Testimony for a further factual basis for my guilty plea.

**C.** If this is an enhanced charge, I admit the following:

- (1) I understand that I have the right to a separate trial on the issue of whether I have prior convictions that increase the sentence in this case. I also understand that I would be entitled to the same trial rights explained in Section 3.
- (2) I understand that I have the right to a hearing before a judge to determine, and have the State prove, whether I was represented by an attorney or waived my right to be represented by an attorney in the prior case(s).
- (3) By entering this written guilty plea, I understand that I am waiving my right to a separate trial on the issue of identity. I also understand that I am also waiving my right to a hearing before a judge on the issue of whether I was previously represented by an attorney.
- (4) Prior convictions.

- i. I admit that on or about Click or tap here to enter text., 20Click or tap here to enter text., in Click or tap here to enter text. County, in case number Click or tap here to enter text., I was convicted of Click or tap here to enter text.. At the time, I was represented by Click or tap here to enter text.
- ii. I admit that on or about Click or tap here to enter text., 20Click or tap here to enter text., in Click or tap here to enter text. County, in case number Click or tap here to enter text., I was convicted of Click or tap here to enter text.. At the time, I was represented by Click or tap here to enter text.

*Check this box if you have attached a sheet with additional information.*

## 7. Post-Plea Rights

Initials \_\_\_\_\_

**A. Motion in Arrest of Judgment and sentencing.** I understand that if I wish to challenge this written guilty plea, I must do so by filing a Motion in Arrest of Judgment at least five (5) days prior to the Court imposing sentence and no later than forty-five (45) days from today's date. I understand that if I do not timely file a Motion in Arrest of Judgment, I will not be able to challenge any defects in the plea, including in an appeal. I further understand that I have the right to a fifteen (15) day delay between the time the Court accepts my guilty plea and the time the Court conducts sentencing.

I ask the Court to sentence me at a later date.

I ask the Court to sentence me immediately. In doing so, I understand that I am waiving my right to challenge this guilty plea and waive my right to a fifteen (15) day delay between the time the Court accepts my guilty plea and the time the Court conducts sentencing.

**B. Presentence Investigation Report.** I understand that if I enter a plea of guilty to a Felony, a Presentence Investigation Report (PSI) must be ordered by the Court pursuant to Iowa Code Section 901.2 and that I cannot waive the preparation of a PSI. I understand that I have a right to have the Court use the PSI when determining my sentence in this case. The report would contain information and background about myself, including information about my family, employment, education, substance abuse or mental health treatment, military service, prior criminal history, and other social history. The report would also include information from the Iowa Department of Corrections regarding my rehabilitative needs and services available as well as a sentencing recommendation. I understand that the report could contain favorable information that could result in a lesser sentence.

I ask the Court to order a PSI and sentence me at a later date.

I waive the use of a PSI for purposes of sentencing and ask the Court to sentence me immediately.

- C. Personal Presence.** I understand that I have the right to a hearing in open court for my guilty plea and sentencing where a court reporter makes a transcript of what is said.
- I am waiving my right to a hearing in open court for my guilty plea and sentencing.
  - I am waiving my right to a hearing in open court for my guilty plea but I want to appear by interactive audiovisual system for sentencing.
  - I am waiving my right to a hearing in open court for my guilty plea but I want to appear in person in open court for sentencing.
- D. Allocution.** I understand that pursuant to Iowa Rule of Criminal Procedure 2.23(2)(d)(3), I have the right to make a statement to the Court prior to sentencing in mitigation of punishment.
- I waive my right of allocution.
  - I request a sentencing hearing and the right of allocution at the hearing.
- E. Immigration Consequences.** I have been advised that if I am not a United States citizen, a criminal conviction, deferred judgment, or deferred sentence may affect my status under federal immigration laws. I have consulted with my attorney and considered the immigration consequences that include, but are not limited to, deportation, inability to reenter the United States, mandatory detention in immigration custody, ineligibility for release on bond during immigration proceedings, and increased penalties for unauthorized reentry into the United States. I have been further advised that I should seek an immigration attorney if I have any questions about the impact of this conviction, deferred judgment, or deferred sentence on my immigration status now or in the future.
- F. Appellate Rights.** I understand that by submitting this written guilty plea, I no longer have an absolute right to appeal my conviction. In order to appeal, I now need to establish good cause. If I choose to appeal, a notice of appeal must be filed within thirty (30) days of sentencing, or I will not be able to appeal my conviction.
- G. Restitution.**
- (1) Category A Restitution.** I understand that I may be assessed Category A Restitution, which encompasses monetary damages to crime victims (referred to as pecuniary damages), fines, penalties, and surcharges. **I understand that I will be required to pay, in full, pecuniary damages, if any, and Category A Restitution, except for any fines, penalties, or surcharges that are suspended.**
  - (2) Category B Restitution.** I further understand that I will be assessed Category B Restitution, which encompasses repayment of contributions to local anti-crime organizations that provided assistance to law enforcement in this case, crime victim compensation program reimbursements, expenses incurred by public agencies pursuant to Iowa Code Section 321J.2(13)(b), court costs, court-appointed attorney fees and expenses (including the expense of a public defender), and medical assistance program reimbursements pursuant to Iowa Code Chapter 249A.
  - (3) Reasonable Ability to Pay.** I understand that a Defendant may ask the Court to determine the amount of Category B Restitution payments that a Defendant has the reasonable ability to pay; however, as a portion of the plea agreement I voluntarily waive that right.

**Defendant’s Certification**

I have had the opportunity to discuss this Waiver of Rights and Written Guilty Plea with my attorney and ask questions. I understand the contents and consequences of this written guilty plea as explained above. I also understand that by pleading guilty, I am giving up the rights set forth above and that there will not be a trial on this offense(s). I am pleading guilty because I am in fact guilty of the offense(s) detailed in Section 1 of this petition. I knowingly, intelligently, and voluntarily enter this written guilty plea and request that the Court accepts it consistent with the terms set forth herein.

\_\_\_\_\_, 20\_\_\_\_\_  
Month Day Year Defendant’s signature

**Defendant’s Attorney’s Certification**

I certify, as an officer of the Court, that I have had ample opportunity to confer with my client. I have provided my client with the opportunity to ask any questions that they may have. I have explained the contents of this written guilty plea, their waiver of rights, the minimum and maximum punishments, the plea agreement, the collateral consequences for a conviction of these offenses, and the possible defenses and strategies. I am not aware of any legal reason why the Court should not accept this waiver of rights, plea agreement, and petition to plead guilty.

I further certify that after discussing these matters with my client, I believe they knowingly, intelligently, and voluntarily executed this waiver of rights and written guilty plea and request the Court accept it, consistent with the terms set forth herein.

\_\_\_\_\_, 20\_\_\_\_\_  
Month Day Year Attorney’s signature

\_\_\_\_\_  
Name of attorney’s law firm, if applicable

\_\_\_\_\_  
Attorney’s mailing address

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Attorney’s city Attorney’s state Attorney’s ZIP code

(\_\_\_\_\_) \_\_\_\_\_  
Attorney’s phone number

\_\_\_\_\_  
Attorney’s email address Additional email address, if applicable

«TableEnd\_Case»