

WAIVER OF DEFENDANT'S RIGHTS

DOCKET NUMBER

**Trial Court of Massachusetts
The Superior Court**

CASE NAME:

VS.

Clerk of Courts

County

COURT NAME & ADDRESS

I have discussed the above case(s) with my attorney. I understand that by entering a plea of guilty, I will be giving up the following constitutional and statutory rights: to a trial by a jury or to a trial before a judge; to confront and cross-examine witnesses; to call my own witnesses and present evidence in my defense; to remain silent and assert my privilege against self-incrimination; to be presumed innocent until proven guilty beyond a reasonable doubt; and to pursue any motions in my case. I also understand that I will be giving up the right to appeal any rulings already made by the Court, unless, by written agreement between me and the prosecutor, filed with the court, I have reserved the right to appeal from any specific ruling or rulings that, if reversed on appeal, would render the Commonwealth's case not viable on one or more charges.

I have been advised by my attorney of the nature and elements of the charge(s) to which I am entering my guilty plea, and of the nature and range of the possible sentence(s) on the charge(s), including the maximum possible sentence(s), any mandatory minimum sentence(s) that might be applicable, the consequences if probation is imposed and conditions are violated, and any different or additional punishment for subsequent offenses.

[CHECK IF APPLICABLE] I have been advised of the habitual offender law and of the consequences of pleading guilty to the present charges.

[CHECK IF APPLICABLE] I have been advised that by pleading guilty to the present charges, I may be subject to adjudication as a sexually dangerous person and required to register as a sex offender.

I have been advised of the recommendation on sentencing to be made by the Prosecution.

My guilty plea is not the result of force, threats, assurance or promises. I have decided to plead guilty voluntarily, willingly, and freely, rather than at the direction of or because of the recommendation of any other person.

I am satisfied that my defense attorney has represented me in an effective and competent manner. I have had enough time to speak with him/her regarding any possible defenses I may have to the above charges, and he/she has explained the consequences of my pleading guilty, and the waiver of any constitutional or statutory rights.

I am not now on, or under the influence of, any drug, medication, liquor or other intoxicant or depressant that would impair my ability to fully understand the constitutional and statutory rights that I am waiving when I plead guilty.

I understand that if I am not a citizen of the United States, a conviction in the above case(s) may result in my deportation, exclusion from admission to the United States, or denial of naturalization.

Date _____ Print Name of Defendant _____

Signature of Defendant _____

DEFENSE ATTORNEY'S APPROVAL

I have discussed the facts in this case and the plea recommendation with my client in detail, and I have advised the Defendant of all matters within the scope of Massachusetts Rules of Criminal Procedure Rule 12 that are pertinent to the Defendant's plea, including informing the defendant of his/her constitutional and statutory rights, the factual basis for and the nature and elements of the offense(s) to which the guilty plea will be tendered, possible defenses, and the consequences of the guilty plea.

After explaining the above to the Defendant, I am satisfied that the Defendant has understood my explanation and the consequences of his/her guilty plea. Moreover, I am satisfied that the Defendant is not under the influence of any drug, medication, liquor, or other intoxicant that can impair the Defendant's ability to fully understand all the constitutional, statutory and/or other rights that the Defendant would waive by tendering a plea of guilty to the above indictment(s).

I represent to the Court that the Defendant has signed this document in my presence freely, willingly, and voluntarily.

Date _____ Attorney for Defendant _____

BBO Number _____