



If you have any questions about any of the proceedings, please ask your attorney or the judge. If your attorney has not answered your questions to your satisfaction, ask the judge.

Has anyone threatened, abused or promised you anything to cause you to want to plead guilty?  
 YES     NO

Has anyone made any representations or promises to you about MDOC classification procedures or about the computation of your sentence to cause you to want to plead guilty?  
 YES     NO

Are you pleading guilty because you are guilty of the offense and for no other reason?  
 YES     NO

Have you reviewed the State=s discovery material with your attorney?  
 YES     NO

Are you satisfied that the State can prove beyond a reasonable doubt that you are guilty of the crime or crime(s) to which you are pleading guilty?  
 YES     NO

NAME \_\_\_\_\_ DOB \_\_\_\_\_ HOME NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ EXTENT OF EDUCATION \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

RACE \_\_\_\_\_ SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ AGE \_\_\_\_\_

CAUSE NO.	COUNT	MINIMUM SENTENCE & FINE	MAXIMUM SENTENCE & FINE
	TOTAL		

I UNDERSTAND THAT I AM/AM NOT ELIGIBLE FOR PROBATION.

\_\_\_\_\_  
DEFENDANT=S SIGNATURE

ATTORNEY CERTIFICATE

I have explained to the defendant each of his constitutional and other rights set out above and I believe that the defendant is competent and understands his/her rights. I have not advised the defendant to withhold any information. The defendant understands that the penalty will be determined by the judge within the penalty limits set by law and the judge is not bound by any promise or recommendation by anyone else. I believe the defendant's guilty plea(s) to be voluntarily and intelligently made.

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Attorney for Defendant

Date