

IN THE COURT OF COMMON PLEAS FOR THE STATE OF DELAWARE IN AND FOR
 NEW CASTLE COUNTY KENT COUNTY SUSSEX COUNTY

STATE OF DELAWARE)
vs.) Case No(s): _____)
) _____)
) _____)
_____)
Defendant's name (PLEASE PRINT)) D.O.B. _____

PLEA IN ABSENTIA FORM

TO BE COMPLETED BY DEFENDANT:

1. Charge(s): _____
2. Age: _____ Last grade completed in school: _____
3. Present Employer: _____ Salary: _____
4. Have you ever been a patient in a mental hospital? _____
5. Are you under the influence of alcohol or drugs? _____
6. Have you freely and voluntarily decided to plead guilty to the charges listed above? _____
7. Have you consulted a lawyer about your decision to plea guilty? _____ If not, do you desire to do so? _____
8. If you have consulted a lawyer, are you satisfied that you have had adequate time to confer with him/her and that you have been adequately represented? _____
9. Do you understand that because you are pleading guilty you will not have a trial and you therefore waive (give up) your following constitutional rights: _____
 - (a) to be presumed innocent until the State can prove each and every part of the charges against you beyond a reasonable doubt;
 - (b) to a speedy and public trial with the assistance of a lawyer;
 - (c) to a trial by jury;
 - (d) to hear and question the witnesses against you;
 - (e) to present evidence in your defense;
 - (f) to testify or not testify in your defense at trial; and
 - (g) to appeal your conviction to a higher court?
10. Do you understand your consent is required for a plea of guilty before a Commissioner of the Court of Common Pleas and the sentence thereon? _____
11. What is the total consecutive maximum penalty provided by law for the charges to which you are pleading guilty?

12. Is there a mandatory minimum penalty? _____ If so, what is it? _____
13. If you are on probation, do you understand that your guilty plea will be a violation of probation? _____
14. Has anyone promised you or made any guarantee what your sentence will be? _____
15. Has anyone threatened you or forced you to plead guilty? _____
16. Is your plea the result of a "plea bargain" with the State? _____

I hereby certify that I have personally answered each of the above questions, that I fully understand the elements of each offense with which I am charged, and I understand the consequences of this guilty plea, and hereby consent to the imposition of sentence by the Commissioner of the Court of Common Pleas. I hereby waive my right to be present in Court for my plea of guilty and for sentencing.

Defendant Signature *Date* *Defendant Email* *Defendant Phone Number*

TO BE COMPLETED BY COUNSEL:

Prior Criminal History (check all applicable boxes):
 Two or more prior felonies Injury while DUI Lack of amenability Repetitive Criminal History

This record is not certified and represents only my current knowledge regarding the defendant. As a result of this history, the SENTAC sentence guidelines are as follows:

Lead offense: _____ up to _____ at level _____
CHARGE TIME

Secondary offense(s): _____ up to _____ at level _____
 _____ up to _____ at level _____

Defense Counsel Signature (Bar # _____) *Deputy Attorney General Signature* (Bar # _____) *Date*