

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. _____

GUILTY PLEA IN ABSENTIA
(DEFENDANT NOT PRESENT IN COURT)

PLEAS IN ABSENTIA ARE ONLY ACCEPTED BY PERSONS REPRESENTED BY AN ATTORNEY

The defendant must answer the following questions in his own handwriting:

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 constitutional right:
 - (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 you 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 or parole, do you understand that your guilty plea will be a violation of probation or parole? _____
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 that 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.

SIGNATURE OF DEFENDANT _____ DATE _____

SIGNATURE OF DEFENSE COUNSEL

DEPUTY ATTORNEY GENERAL

DEFENDANT HAS BEEN ADVISED OF THE FOLLOWING:

PRIOR CRIMINAL HISTORY:

- () Two or more prior felonies
- () Injury while DUI
- () Lack of amenability
- () Repetitive Criminal History
- () None of the above

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 _____ up to _____ at level _____
 _____ up to _____ at level _____
 _____ up to _____ at level _____
 _____ up to _____ at level _____
 _____ up to _____ at level _____
 _____ up to _____ at level _____
 _____ or _____

Defense Counsel _____

Deputy Attorney General _____

Date: _____