

STATE OF MICHIGAN JUDICIAL DISTRICT	PLEA BY MAIL	CASE NO.
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Court address

Court telephone no.

THE PEOPLE OF _____ _____	<input type="checkbox"/> The State of Michigan <input type="checkbox"/> _____
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v

Defendant's name, address, and telephone no.
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TO THE DEFENDANT:

1. You have the following basic rights:
- To plead guilty or not guilty.
 - To have a trial by jury.
 - To have the assistance of an attorney.

2. You have the right to an attorney appointed at public expense if you are indigent (without money to hire an attorney) and
- a. the offense charged requires a minimum jail sentence, or
 - b. the court determines that it might sentence you to jail.

You may have to repay the expense of a court-appointed attorney.

3. If you have a trial, you have the following additional rights:
- To call witnesses to speak for you at trial. You may get an order signed by the court to require witnesses to come to court.
 - To see, hear, and question all witnesses against you at trial.
 - To be a witness for yourself or to remain silent. If you choose not to be a witness on your own behalf, no comment may be made on your refusal to testify.
 - To be presumed innocent until proven guilty beyond a reasonable doubt.

4. If you plead not guilty, bond is set in the amount of \$ _____ cash, surety, or 10% personal.

5. If you plead guilty and your plea is accepted, you will not have a trial of any kind and will give up the rights listed in item 3.

6. You are charged in this court with the offense of _____ .

Bond has been posted by _____ in the amount of \$ _____ .

7. The maximum sentence permitted by law is \$ _____ plus costs and/or _____ days in jail.

8. The minimum sentence, if any, is \$ _____ plus costs and/or _____ days in jail.

9. The sentence to be imposed is a total of \$ _____ and/or _____ days in jail.

Date

Judge/Magistrate

Bar no.

Instructions and the place to check your choice of plea are on the back of this form.

INSTRUCTIONS:

- 1) Check your choice of plea.
- 2) Sign this form.
- 3) Make a certified check or money order payable to the court listed on the front of this form.
- 4) Enclose payment with this form and mail it to the court address on the front of this form within 5 working days of the date you received this form.
- 5) Other:

PLEA

10. **GUILTY:** I understand my rights and the sentence to be imposed and enter my plea of guilty to the offense charged.
My signature acknowledges that I have read my rights as printed on the front of this form. I waive those rights. If I have posted bond, I understand that it may be applied to the fine and costs.
11. **NOT GUILTY:** I understand my rights and the penalties that may be imposed, and enter my plea of not guilty to the offense charged.

Date

Defendant's attorney Bar no.

Address

City, state, zip Telephone no.

Defendant's signature

Address

City, state, zip Telephone no.