

IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA

COMMONWEALTH OF PENNSYLVANIA : SUMMARY APPEALS DIVISION

vs. :

_____ : SA No. _____

**GUILTY PLEA
EXPLANATION OF DEFENDANT'S RIGHTS**

You or your attorney have indicated to the officers of this Court that you wish to plead guilty to certain specific criminal charges that the Commonwealth of Pennsylvania has brought against you.

In order to have your plea accepted by this Court here today, you must waive your right to confront the prosecution witnesses against you and agree to a summary of the prosecution's evidence to be placed on the record. Your plea of guilty must be voluntary. If anyone has forced you to plead guilty or promised you anything other than a plea bargain your plea will be rejected.

If you intend to plead guilty, please answer all the questions on this form. After you have read, understood, and completed your answers to the questions, you must sign the form at the end.

You should initial each page at the bottom after you have read, understood, and completed your answers to the questions on that page. When you have finished all of the questions, you must sign the form at the end.

1. What is your full name? _____
2. How old are you today? _____
3. What is the highest grade that you have completed in school? _____

Answer either "Yes" or "No" to the following questions:

4. Do you read, write, and understand the English language? _____
5. Do you fully understand the factual basis of each charged offense? _____
6. Do you understand that by pleading guilty, you give up the right to present or assert any defenses you may have on your behalf? _____

7. Do you understand that you have the right within thirty (30) days after you have been sentenced to file an appeal with the Superior Court of Pennsylvania? _____
8. If you do not file this motion within the proscribed time limits, you will have given up this right. Do you fully understand this? _____
9. If there is a mandatory minimum sentence applicable, this Court has no discretion to impose a lesser sentence and must impose at least the minimum sentence that is required by law. Do you full understand this? _____
10. Has anybody forced you to enter this plea? _____
11. Are you doing this of your own free will? _____
12. Do you have any physical or mental illness that would affect your ability to understand these rights or the voluntary nature of your plea? _____
13. Are you presently taking any medication that might affect your thinking or free will? _____
14. Have you had any drugs or alcohol in the past forty-eight (48) hours? _____
15. By pleading guilty, you are admitting you committed the crimes charged. You are stating that you do not challenge or dispute the charges against you. Do you fully understand this? _____

I AFFIRM THAT I HAVE READ THE ABOVE DOCUMENT IN ITS ENTIRETY, I UNDERSTAND ITS FULL MEANING, AND I AM STILL NEVERTHELESS WILLING TO ENTER A PLEA TO THE OFFENSES SPECIFIED. I FURTHER AFFIRM THAT MY SIGNATURE AND INITIALS ON EACH PAGE OF THIS DOCUMENT ARE TRUE AND CORRECT.

DATE: _____
_____ Signature of Defendant

CERTIFICATION OF DEFENSE COUNSEL

I certify that:

- (1) I am an attorney admitted to the Supreme Court of Pennsylvania.
- (2) I represent the defendant herein.
- (3) I know no reason why the defendant does not fully understand everything that is being said and done here today.
- (4) The defendant read the above form in my presence and fully understands it; I have gone over the form completely with the defendant. I have explained all of the items on the form and answered any questions he or she had.
- (5) I see no reason why the defendant cannot and is not knowingly, intelligently, and voluntarily giving up his or her rights to a hearing and pleading guilty.
- (6) I made no promises to the defendant other than any that appear of record in this case.

DATE: _____

Attorney for Defendant

CERTIFICATE OF COMPLIANCE

I certify that this filing complies with the provisions of the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts* that require filing confidential information and documents differently than non-confidential information and documents.

Submitted by: _____

Signature: _____

Name: _____

Attorney No. (if applicable): _____