

STATE OF SOUTH DAKOTA)  
:SS  
COUNTY OF MINNEHAHA )

IN MAGISTRATE COURT  
SECOND JUDICIAL CIRCUIT

\*\*\*\*\*

STATE OF SOUTH DAKOTA, \* CRI./MAG \_\_\_\_\_  
Plaintiff, \* PETITION TO GIVE UP  
vs. \* RIGHTS AND PLEAD GUILTY  
\_\_\_\_\_, \*  
Defendant. \*

\*\*\*\*\*

You are the Defendant in this case. Please list the charge(s) to which you will be pleading guilty:

- \_\_\_\_\_

Yes	No
Yes	No

I hereby state to the court that I understand the charge(s) against me and the elements of each charge necessary to prove my guilt.

I understand that the maximum statutory penalty is: a \$2,000 fine and/or one year in jail for a class 1 misdemeanor OR a \$500 fine and/or 30 days in jail for a class 2 misdemeanor.

**Please check the Yes box if you understand that you have the following rights.**

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

- You have the right to be represented by a lawyer.
- If you cannot afford to hire a lawyer, a lawyer can be appointed to represent you.
- You have the right to a speedy public trial in this county with an impartial jury of your peers.
- You are presumed innocent of until the state has proven you guilty of the offense(s) against you beyond a reasonable doubt.
- You have the right to compulsory process (the right to have witnesses testify for you), including the right to subpoena witnesses.
- You have the right to confront and cross examine any witnesses who testify against you.
- You have the right against self-incrimination. You cannot be made to say anything about the facts, details or evidence in your case. You do not have to testify at your own trial.

**Do you understand that by pleading guilty, you will give up the following rights?**

Yes	No
Yes	No
Yes	No

- The right to a speedy public trial in this county with an impartial jury of your peers.
- The right to confront and cross-examine the witnesses against you.
- The right against self-incrimination, also known as the right to remain silent.

Yes	No
Yes	No

→Do you understand the maximum penalty possible, your rights, any potential loss of driving privileges, and that you may be ordered to pay restitution?

→Do you wish to give up your rights and plead guilty?

**To the charge in the information/indictment/complaint, do you plead?**

**Circle One → GUILTY OR NOT GUILTY**

Yes	No
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→ Other than the recommended plea agreement, has anyone made any promise to you to enter this plea of guilty?

<u>Recommended Plea Agreement</u>	
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→ \_\_\_\_\_  
\_\_\_\_\_

Yes	No
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→ Above is the recommended plea, which I understand.

Yes	No
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→ Has anyone forced or threatened you to make you plead guilty?

Yes	No
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→ I hereby state to the Court that my plea in this matter is free and voluntary, and that the only reason I am pleading guilty is that I am in fact guilty as charged.

Yes	No
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→ I hereby represent to the Court that I am not presently under the influence of any alcoholic beverage or drug that would impair my ability to understand these rights and the effect of a guilty plea on them.

Date this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Defendant

Subscribed and sworn before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public or Defendant's Lawyer

As lawyer for the Defendant, \_\_\_\_\_, I hereby certify that I have read and fully explained to the Defendant the allegations contained in the complaint, information or indictment in this case. To the best of my knowledge and belief the statements, representations, and declarations made by the Defendant in the foregoing petition are in all respects accurate and true. The Plea of guilty offered by the Defendant accords with my understanding of the facts the Defendant has related to me. It is consistent with my advice to the Defendant and in my opinion is voluntarily and knowingly made.

Signed by me in the presence of the Defendant and after discussion of the contents of this petition with the Defendant this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Defendant's lawyer

Are you a veteran? Yes or No

Which branch? \_\_\_\_\_

Dates of service? \_\_\_\_\_

Type of discharge? \_\_\_\_\_