

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

STATE OF GEORGIA,

*

CASE NO(S): _____

vs.

*

OFFENSE(S): _____

*

_____,
DEFENDANT.

ACKNOWLEDGMENT OF DEFENDANT’S RIGHTS - WITH ATTORNEY

- 1) Is this your correct name? YES ___ NO ___
- 2) Are you under the influence of any alcohol, drugs, or other intoxicants at this time? YES ___ NO ___
- 3) Do you understand the charges against you as described in the accusation/indictment? YES ___ NO ___
- 4) Do you understand the maximum penalty the court could impose in your case? YES ___ NO ___
- 5) Has your attorney discussed your case with you? YES ___ NO ___
- 6) Are you satisfied with your attorney? YES ___ NO ___
- 7) You have the right to a trial by jury, but you may waive this right and dispose of your case by a plea of guilty, if you are guilty. Do you understand? YES ___ NO ___
- 8) You have the right to cross-examine all the State’s witnesses. Do you understand? YES ___ NO ___
- 9) Do you understand you have the right to compel witnesses to appear in court on your behalf? YES ___ NO ___
- 10) Do you understand you have the right to testify and offer evidence in your case? YES ___ NO ___
- 11) You have the right not to incriminate yourself and the right to remain silent, that is, the right not to say anything against yourself. Do you understand? YES ___ NO ___
- 12) Do you understand that you enter this court under a presumption of innocence and that you waive your presumption of innocence by pleading guilty? YES ___ NO ___
- 13) Do you understand that you give up all of the above rights by pleading guilty? YES ___ NO ___
- 14) Do you understand that a plea of guilty could adversely affect your immigration status if you are not a U.S. citizen? YES ___ NO ___
- 15) Is this plea your own voluntary act? YES ___ NO ___

Prior to the entry of my guilty plea in the above case, I acknowledge that my attorney has advised me of the above rights, this _____ day of _____, 20 _____.

DEFENDANT’S SIGNATURE

DEFENDANT’S ATTORNEY’S SIGNATURE