

IN THE CIRCUIT COURT, FIFTH
JUDICIAL CIRCUIT, IN AND FOR
CITRUS COUNTY, FLORIDA

STATE OF FLORIDA

CASE NO.:

vs.

DIVISION:

Defendant.

Plea of Guilty with Negotiated Sentence
(Sex Offender Probation)

At this time, I wish to withdraw my prior plea of not guilty, if one has been entered, and instead enter a plea of (check your selection):

☐ Guilty because I am guilty of the offense(s); or,

☐ Nolo Contendere because it is in my best interest

Count	Charge	Degree (eg F3; M1)	Max Sentence (Indicate if a minimum mandatory applies)	Fine

☐ Document attached with additional count(s)

Negotiated Sentence

The defendant and the State, pursuant to the provisions of Fla. R. Crim. P. 3.171, agree as follows. My sentence has been negotiated in this case in that I will be:

☐ Adjudicated Guilty as to count(s) ☐ Adjudication of guilt will be withheld as to counts

I am pleading guilty to and will be sentenced as follows:

The State and the Defendant stipulate and agree that the Defendant is entitled to _____ days credit for time already served in this/these cases(s) and Defendant agrees to waive any other credit.

☐ State agrees to drop count(s) _____ / Case Number(s) _____

I ☐ am ☐ am not entitled to a Pre-Sentence Investigation report under Florida Rule of Criminal Procedure 3.710. ☐ If I am entitled to a report, I agree to waive my right to such report.

I understand that I shall be designated a:

- ☐ Sexual Offender
☐ Sexual Predator

and will be required to register as such under Florida law and/or register in any other State where I maintain a temporary or permanent residence.

Probation Conditions (Check all that apply)

For Offenses Committed on or After October 1, 1995

- ☐ 1. I will observe a mandatory 8 hour curfew from _____ p.m. to _____ a.m. 948.30(1)(a)
- ☐ 2. I will not live within one thousand (1,000) feet of a school, day care center, park., playground, or other place where children regularly congregate (applicable if the victim was under 18 years old at time of offense). 948.30(1)(b)
- ☐ 3. Active participation in and successful completion of a sex offender treatment program with qualified practitioners specifically trained to treat sex offenders. 948.30(1)(c)
- ☐ 4. I will have no intentional direct or indirect contact with _____, the victim(s) in this case, including through a third party, unless approved by the victim, a qualified professional in the sexual offender treatment program, and the sentencing court (applicable if the victim was under 18 years old at time of offense) 948.30(1)(d)
- ☐ 5. I will not have any contact with a child under the age of 18 without prior Court approval. I understand Court approval will not be granted unless recommended by a qualified practitioner using a risk assessment. 948.30(1)(e)
- ☐ 6. I will not work for pay or as a volunteer at any place where children regularly congregate, including, but not limited to, schools, child care facilities, parks, playgrounds, pet stores, libraries, zoos, theme parks, and malls, (applicable if the victim was under 18 years old at time of offense) 948.30 (1)(f)
- ☐ 7. I will not view, own, or possess any obscene, pornographic, or sexually stimulating visual or auditory material, including, but not limited to, photographic, telephonic, electronic, or computerized programs or services related to the behavior pattern which resulted in the crimes charged in this case unless otherwise indicated in the treatment plan provided by a qualified practitioner in the sexual offender treatment program 948.30 (1)(g)
- ☐ 8. I will not access the internet or other computer service until the sex offender treatment program completes a risk assessment and approves and implements a safety plan for the offender's accessing or using the internet or other computer device. For offenses committed after July 1, 2005 only. 948.30(1)(h)
- ☐ 9. I will submit a specimen of blood or other approved biological specimen to the Department of Law Enforcement to be registered with the DNA data bank. 943.325 / 948.30 (1)(i)
- ☐ 10. I will make restitution to the victim for all necessary medical and related professional services relating to the physical, psychiatric, and psychological care. 948.30 (1)(j)
- ☐ 11. I will submit to a warrantless search of my person, residence, or vehicle when requested by a community control or probation officer. 948.30(1)(k)

For Offenses Committed on or After October 1, 1997

- ☐ 12. I will, at my own expense and as a part of a treatment program, voluntarily submit to polygraph examinations at least on an annual basis to obtain information necessary for risk management and treatment. 948.30(2)(a)
- ☐ 13. I will maintain a driving log and will not operate a motor vehicle alone without prior approval from my supervising probation officer. 948.30(2)(b)

___ 14. I will not obtain or use a post office box without prior approval of my supervisor probation officer.

948.30(2)(c)

___ 15. I will submit to an HIV test and consent to the test results being released to the victim(s), and/or the parent or guardian of the victim(s). 948.30(2)(d)

___ 16. I will be subject to electronic monitoring when deemed necessary by the community control or probation officer and his or her supervisor and ordered by the court at the recommendation of the Department of Corrections. 948.30(2)(e)

For Offenses Committed on or After September 1, 2005

___ 17. I will be subject to mandatory electronic monitoring pursuant to Florida Statute §948.30(3).

___ 18. I meet the requirements listed in Florida Statute § 948.30(4) and will comply with the following: ___ I am prohibited from visiting schools, child care facilities, parks, and playgrounds, without prior approval from my supervisor officer. 948.30(4)(a)

___ I am prohibited from distributing candy or other items to children on Halloween; wearing a Santa Claus costume, or other costume to appeal to children, on or preceding Christmas; wearing an Easter Bunny costume, or other costume to appeal to children, on or preceding Easter; entertaining at children's parties; or wearing a clown costume; without prior approval from the court. 948.30(4)b

For Offenses Committed on or After October 1, 2014

___ 19. I will not view, access, own, or possess any obscene, pornographic, or sexually simulating visual or auditory materials unless otherwise indicated in the treatment plan provided by a qualified practitioner in the sexual offender treatment program. 948.30(5)

Monetary

I will pay the following additional costs/fines pursuant to Chapter 938, Florida Statutes:

- ___ \$ ___ in court costs
- ___ \$ ___ PD/RCC/court appointed fee
- ___ \$201 surcharge for domestic violence
- ___ \$151 surcharge for a crime against a minor
- ___ \$151 surcharge for Rape Crisis Center
- ___ \$150 to the Office of Attorney General, Victim Services

Victim Information

___ The victim has been notified of this disposition and is ___ in agreement ___ not in agreement

___ The victim has not been notified because _____

The victim ___ wishes to ___ does not wish to address the court for purposes of sentencing.

___ Non-Applicable

I am represented by a lawyer whose signature appears below. I have told my lawyer all the facts and circumstances about the charges against me. My lawyer has counseled and advised me on the nature of each charge; on any and all lesser included charges; and, on all possible defenses that I might have in this case.

I have had ample time to discuss this agreement with my attorney. My attorney and I have read this agreement regarding my guilty plea together in private, and my attorney has explained all portions of this agreement to my complete understanding and satisfaction. We have fully discussed all aspects of the case, including all possible defenses to all charges, including self defense and any defense based upon any disability, disease, insanity, or intoxication. My attorney has given me the opportunity to ask questions and has answered all of my questions fully and completely.

My attorney has taken all actions requested by me, or has explained to my satisfaction and agreement why such actions should not be taken, and I concur with my attorney's decisions in that regard. I am completely satisfied with the services rendered by my attorney on my behalf in this case.

I understand that I will be required to pay mandatory fees and costs that will be assessed against me and that the Court may assess additional discretionary costs. I also understand that the Court may require me to pay restitution. I waive a hearing to determine the amount of costs of investigation and the court costs imposed.

Advice of Rights: I understand if the court accepts my plea(s) I give up my right to a trial, at which I would have the following rights: (1) to have a jury determine whether I am guilty or not guilty, or to have a judge make such a determination in a non-jury hearing; (2) to see and hear witnesses testify and to have my lawyer question them for me; (3) to subpoena and present witnesses and items in evidence in my defense and to present any defense I might have to a jury or judge; (4) to testify or remain silent; (5) to require the prosecutor to prove my guilt by admissible evidence beyond a reasonable doubt before I can be found guilty. I further understand that I give up my right to appeal all matters except court rulings entered after this plea is entered, an illegal sentence, or the court's jurisdiction to hear my case, and notice of such an appeal must be filed within 30 days of the entry of my sentence. My lawyer has explained to me what an appeal is, and I understand that changing my mind about entering this plea, after it is accepted, will not require the court to let me withdraw it, nor will it make the court's sentence illegal or deprive the court of authority to sentence me.

Other than the agreement, if any, contained on this plea form, no promise or suggestion of any kind has been made to me. No one has subjected me to any force, threat, duress, intimidation or pressure to influence me in any way to enter this plea.

I have read the Information or Indictment in this case, and I understand the charges to which I am pleading. I stipulate that there is a factual basis described in court documents to support the charge(s) against me.

My lawyer has advised me of considerations bearing on the choice of which plea(s) to enter, and the advantages and disadvantages of such plea(s), and the likely results thereof, as well as possible alternatives available to me.

The Plea Agreement contained on this form was completed by me and my attorney with my full and complete consent and agreement. I fully agree with the efforts of my attorney and to the terms of the plea agreement. I believe that my lawyer has done all that a competent attorney could do to counsel and assist me. I am satisfied with the advice and help s/he has given me. Even though I have been assisted and advised by my lawyer, the decision to plead guilty is mine alone and is made by me after considering the advice and counsel of my lawyer.

JIMMY RYCE / SEX OFFENDER WARNING: I understand that if I am pleading to or if I have previously been convicted of a sexually motivated offense, as that term is defined in Section 394.912, Florida Statutes, my plea in this case may subject me to the provisions of the Jimmy Ryce Civil Commitment Act, Florida Statutes, Section 394.910, et seq., which allows the State to commit me to a secure treatment facility for an indefinite period of time.

I have also been advised that if I am pleading to a qualifying sexually related offense as enumerated by Florida Statutes, I could be required at any time to register as a sexual offender or sexual predator not as a sentence or punishment, but as a status.

IMMIGRATION AND NATURALIZATION WARNING: I understand that if I am not a United States Citizen, this plea and the resulting sentence will lead to my deportation pursuant to the laws and regulations governing the United States Department of Homeland Security / Immigration and Naturalization Services; and in some instances, depending on the nature of the offense, I will be mandatorily deported. I have consulted with my lawyer regarding this issue and I am satisfied with the answers he/she has given me.

DRIVER'S LICENSE SUSPENSION WARNING: I understand that if I am convicted of certain drug offenses or driving offenses, the Florida Department of Highway Safety and Motor Vehicles may administratively suspend my driving privileges without any input from the court.

I believe that I am competent to enter this plea and enter this plea knowingly, freely and voluntarily. My physical and mental health is presently satisfactory.

Entered into in open court this ____ day of _____, 20____.

Defendant

Print Name _____

Attorney for Defendant¹

Print Name: _____

Fla. Bar No.: _____

Assistant State Attorney²

Print Name: _____

Fla. Bar No.: _____

Circuit Judge

1 By signing this form Defense counsel certifies that (s)he has explained this form to the defendant and answered all the defendant's questions including but not limited to the ramifications of entering the plea of guilty and the possible consequences of the plea, the terminology of the form if the defendant is unfamiliar with the terms used, and the defendant's exercise of his/her rights and the effect of waiving those rights.

2 By signing this form the Assistant State Attorney certifies to this court that all known exculpatory evidence, physical or otherwise, has been disclosed in discovery, including but not limited to any physical evidence which may be exculpatory in nature and that may be DNA tested.