VERSUS	19 TH JUDICIAL DISTRICT COURT
	PARISH OF EAST BATON ROUGE
FILED:	DEPUTY CLERK
RE-EI	NTRY COURT PROGRAM
	ILTY AND WAIVER OF RIGHTS
	DATE OF BIRTH SOCIAL SECURITY NUMBER and docket number(s). I have been informed of and understand the perfollowing rights:
1. I agree to waive the division of Court	to which this charge(s) was allotted for purposes of being as a participant in the 19 th JDC Re-Entry Court Program. I agree to
INITIALED2. My right to be represented by an atto	ited to represent me at trial and on appeal.
4. At trial, the State would have the bure the right to: a. The assistance of an attorney;	den of proving my guilt beyond a reasonable doubt and I would have
 b. Confront and cross-examine the v c. The privilege against self-incriminatestify and my failure to testify could 	nation. In other words, I could not be compelled to take the stand and not be held against me; and
d. Subpoena witnesses to testify on a 5. By pleading guilty, there will be no to am entitled to at trial. I am entering been forced, threatened or intimidated	rial because I am waiving my right to a trial and all the above rights this guilty plea because I did in fact commit the crime(s). I have no
6. I understand the nature, elements and	I sentence range of the crime(s) I am charged with committing. By of these offenses and I understand they can be used to enhance the
will be finalized and I waive all right of my conviction and sentence, Motion Public Records on this case; also, be request a free transcript of my guilty is a sentence. 8. I further declare my plea of guilty is	e(s) and the sentence imposed by the court, I understand this matter is to file any post trial motions including but not limited to an appear ons to Reconsider Sentence, New Trial, Amend Sentence, Request for accause I was advised of the rights listed above, I waive my right to blea unless I state a particularized need. If free and voluntary, that no additional understandings, promises, or than that contained in the plea colloquy conducted in open court or
9. I understand that I will be sentenced participate in the Offender Rehabilicompletion of that program, I may per	to the custody of the Department of Public Safety and Corrections to tation and Workforce Development Program and after successful etition the court to be placed on intensive reentry supervision by the entry Supervision is subject to the sole discretion of the Court.
I am satisfied the defendant understands constitutional rights, as set forth above, and guilty plea and waiver of rights are freely, vol- and intelligently made. I certify that explained the contents of this form to the defe	that the constitutional rights and pleading guilty. This form untarily has been explained to me to my satisfaction and I have understand all of these rights and the nature of the
(signature)	Baton Rouge, Louisiana, this day or, 20
ATTORNEY FOR DEFENDANT (printed	name) DEFENDANT (signature)
constitutional rights. I am satisfied that t intelligently waived these rights, that his/her p	this day of, 20, of all the above mentioned he defendant understands these rights, that (s)he knowingly and lea is free and voluntary and not the result of force, threats or promises as a basis in fact and law and I will accept his/her guilty plea.
Judge, 19 th Ju	udicial District Court

DKT NO(S): _____

STATE OF LOUISIANA