

<b>STATE OF MICHIGAN</b> <b>70th JUDICIAL DISTRICT</b>	<b>PLEA BY MAIL</b>	<b>CASE NO.</b>
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Court address : 111 S. Michigan Avenue, Saginaw, MI 48602

Court telephone no.  
(989) 790-5363

<input type="checkbox"/> The State of Michigan THE PEOPLE OF <input type="checkbox"/> _____ _____ _____
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**v**

Defendant's name, address, and telephone no.    
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**TO THE DEFENDANT:**

1. You have the following basic rights:

- To plead guilty or not guilty.
- To have a trial by judge or jury.
- To have the assistance of an attorney.

2. You have the right to an attorney appointed at public expense if you are indigent (without money to hire an attorney) and
- a. the offense charged requires a minimum jail sentence, or
  - b. the court determines that it might sentence you to jail.

You may have to repay the expense of a court appointed attorney.

3. If you have a trial, you have the following additional rights:
- To call witnesses to speak for you at trial. You may get an order signed by the court to require witnesses to come to court.
  - To see, hear, and question all witnesses against you at trial.
  - To be a witness for yourself or to remain silent. If you choose not to be a witness on your own behalf, no comment may be made on your refusal to testify.
  - To be presumed innocent until proven guilty beyond a reasonable doubt.

4. If you plead not guilty, bond is set in the amount of \$ \_\_\_\_\_  cash, surety or 10%  personal.

5. If you plead guilty and your plea is accepted, you will not have a trial of any kind and will give up the rights listed in item 3.

6. You are charged in this court with the offense of \_\_\_\_\_ .

Bond has been posted by \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ .

7. The maximum sentence permitted by law is \$ \_\_\_\_\_ plus costs and/or \_\_\_\_\_ days in jail.

8. The minimum sentence, if any, is \$ \_\_\_\_\_ plus costs and/or \_\_\_\_\_ days in jail.

9. The sentence to be imposed is a total of \$ \_\_\_\_\_ and/or \_\_\_\_\_ days in jail.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge/Magistrate

\_\_\_\_\_  
Bar no.

**Instructions and the place to check your choice of plea are on the back of this form.**

**INSTRUCTIONS:**

- 1) Check your choice of plea.
- 2) Sign this form.
- 3) Make certified check or money order payable to the court stated on the front of this form.
- 4) Enclose payment with this form and mail to the court address stated on the front of this form within 5 working days of the date this form is received by you.
- 5) Other:

**PLEA**

- 10. **GUILTY:** I understand my rights and the sentence to be imposed and enter my plea of guilty to the offense charged.  
My signature acknowledges that I have read my rights as printed on the front of this form. I waive those rights. If I have posted bond, I understand that it may be applied to the fine and costs.
- 11. **NOT GUILTY:** I understand my rights and the penalties that may be imposed, and enter my plea of not guilty to the offense charged.

\_\_\_\_\_ Date

\_\_\_\_\_ Defendant's attorney Bar no.

\_\_\_\_\_ Address

\_\_\_\_\_ City, state, zip Telephone no.

\_\_\_\_\_ Defendant's signature

\_\_\_\_\_ Address

\_\_\_\_\_ City, state, zip Telephone no.