



IN THE MUNICIPAL COURT OF HATTIESBURG, MISSISSIPPI
State of Mississippi, City of Hattiesburg vs.

DEFENDANT: _____ **DOB:** _____

GUILTY PLEA

I, the DEFENDANT in the above-styled case, being duly sworn, do hereby enter a PLEA OF GUILTY to:

Total Fees \$: _____

In making this plea, I truthfully state the following:

1. I choose of my own freewill to plead guilty.
2. I have not been threatened into pleading guilty.
3. To my knowledge, I have not been deceived or tricked into pleading guilty.
4. I understand the nature of the charge(s) against me.
5. I understand the penalties provided by law.
6. I understand that by pleading guilty I will be waiving the following constitutional rights:
 - i. My constitutional right to trial or, if applicable, a trial by jury;
 - ii. My right to confront and cross-examine adverse witnesses; and
 - iii. My right against self-incrimination.
7. I understand that I have the right to be represented by an attorney at every stage of this case.
8. I understand that if I cannot afford an attorney the Court will appoint an attorney to represent me in this case, free of cost, if a conviction could result in jail time or other loss of liberty.
9. I understand that, if I am not a citizen of the United States, my plea may have immigration consequences, including, upon conviction, being removed from the United States, being denied United States citizenship, and being denied admission to the United States in the future.
10. I understand that, if I am on probation or parole, pleading guilty in this case may cause revocation of my probation or parole. I further understand that if my probation or parole is revoked, any sentence in that case may be in addition to any sentence in this case.

DEFENDANT

DATE

Sworn to and subscribed before me this the ____ day of _____, 20____.

DEPUTY COURT CLERK SEAL

STANDING ORDER 4-23-19

WHEREAS, As of this date, any persons desiring to be placed on partial pay without seeing the Judge may do so under these terms:

1. Must be able to pay a minimum amount to be determined by the court clerk. \$ _____ (per month)
2. Must be able to pay a minimum of \$100 a month. \$ _____ (per month)
3. Must sign up for partial payment the same day.

IT IS HEREBY ORDERED: This Court accepts the DEFENDANT'S PLEA OF GUILTY and enters an ADJUDICATION OF GUILT on the offense(s).

MUNICIPAL COURT JUDGE



City of Hattiesburg Municipal Court
 200 West Pine
 Hattiesburg, Mississippi 39401
 601.554.3606

Defendant Partial Payment Information

Name: _____ DOB: _____

Social Security Number: _____ Race: _____ Sex: _____

Driver's License #: _____ Expiration: Date _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____

Supervisor's Name: _____

Take Home Pay: _____ (check one) _____ weekly _____ biweekly _____ monthly

Other Income: _____

Nearest Relative/Friend **NOT** living with you

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

Read Carefully and Sign Below

- Any false information given on this form will be considered CONTEMPT OF COURT, and a WARRANT will be issued for your arrest. At this time, any mandatory days that were given during your sentencing will be enforced.
- I hereby agree to pay my partial payment on or before the due date and fully understand that my failure to do so will result in a warrant being issued for my arrest.
- I hereby give my permission for the CITY OF HATTIESBURG to verify the information given.

Signature of Defendant: _____ Date: _____

Signature of Deputy Clerk: _____ Date: _____