**Division 09 Plea Agreement**

*This form is for Division 9 information only and will not be filed in the case file. Please complete the form below and return it to Division 9 at least 24 hours prior to the scheduled plea hearing.* ***DO NOT SCAN OR CONVERT TO PDF. Send as a Word document only.***

**STATE OF MISSOURI, CASE NO: Type or Paste Case Number(s)**

**Date of Plea Hearing:** Click or tap to enter a date.

**vs**

**Click here to enter Defendant’s name, DIVISION 9**

**DEFENDANT.**

**DOB:**

**SS# (last four digits): XXX-XX-**

***If this is a probation case, please list the defendant’s email so they can be added to Casenet’s Track This Case:***

**Email:**

**Phone#:**

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| **Assistant Prosecuting Attorney:** Bar Number:  **Attorney Handling Plea**: Bar Number:   **Phone Number**: **Email Address**: |
| **Attorney for Defendant:** Bar Number:  **Public/ Special Public Defender:  YES  NO**  **Attorney Handling Plea**: Bar Number:  **Phone Number**: **Email Address**: |

**Victim Notification Satisfied:  Yes  N/A  
Victim Impact Statement Will Be Provided  Yes  NO  N/A  
 Motion to File Amended Information / Information in lieu of indictment**

**Sentencing Assessment Report:  Ordered  Waived****Was this case mediated?  Yes  No**

**CHARGES AND COUNT NUMBERS**

If any of the counts below are marked as amended, please list the amended charge code and description. Provide any motion for leave to file amended information or information in lieu of indictment, proposed order and amended information as PDFs with this Plea form.

Existing charges and charge codes CANNOT change count numbers when filing amended information/ indictment. (For example: In a case with 2 counts, You can dismiss Count I and proceed on Count II, but the amended information/ indictment cannot just remove the original Count I entirely and move Count II up as a new Count I). Criminal Records must be able to account for all counts – whether they were dismissed, amended, etc. If counts have already been dismissed, they must also be listed with their original count numbers. If amended to a charge under a different statute/ adding new counts, please mark Arraignment Needed.

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| **COUNT I**  **Amended  Arraignment Needed  Plea of Guilty  Dismissed**  Charge Description:  Charge Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Misdemeanor  Felony Class: A B C D E UNCLASSIFIED    **Disposition:** Confinement Term: **Select one: MDAI/ JCDC.**  SIS SES Probation Term: **Select one** year(s)  120 - Callback program with **Select one** upon successful completion.  **Open Plea**: Floor: Lid: If a fine, please note the amount: . |
| **COUNT II**  **Amended  Arraignment Needed  Plea of Guilty  Dismissed**  Charge Description:  Charge Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Misdemeanor  Felony Class: A B C D E UNCLASSIFIED    **Disposition:** Confinement Term: **Select one: MDAI/ JCDC.**  SIS SES Probation Term: **Select one** year(s)  120 - Callback program with **Select one** upon successful completion.  **Open Plea**: Floor: Lid: If a fine, please note the amount: . |
| **COUNT III**  **Amended  Arraignment Needed  Plea of Guilty  Dismissed**  Charge Description:  Charge Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Misdemeanor  Felony Class: A B C D E UNCLASSIFIED    **Disposition:** Confinement Term: **Select one: MDAI/ JCDC.**  SIS SES Probation Term: **Select one** year(s)  120 - Callback program with **Select one** upon successful completion.  **Open Plea**: Floor: Lid: If a fine, please note the amount: . |
| **COUNT IV**  **Amended  Arraignment Needed  Plea of Guilty  Dismissed**  Charge Description:  Charge Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Misdemeanor  Felony Class: A B C D E UNCLASSIFIED    **Disposition:** Confinement Term: **Select one: MDAI/ JCDC.**  SIS SES Probation Term: **Select one** year(s)  120 - Callback program with **Select one** upon successful completion.  **Open Plea**: Floor: Lid: If a fine, please note the amount: . |
| **COUNT V**  **Amended  Arraignment Needed  Plea of Guilty  Dismissed**  Charge Description:  Charge Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Misdemeanor  Felony Class: A B C D E UNCLASSIFIED    **Disposition:** Confinement Term: **Select one: MDAI/ JCDC.**  SIS SES Probation Term: **Select one** year(s)  120 - Callback program with **Select one** upon successful completion.  **Open Plea**: Floor: Lid: If a fine, please note the amount: . |
| **COUNT VI**  **Amended  Arraignment Needed  Plea of Guilty  Dismissed**  Charge Description:  Charge Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Misdemeanor  Felony Class: A B C D E UNCLASSIFIED    **Disposition:** Confinement Term: **Select one: MDAI/ JCDC.**  SIS SES Probation Term: **Select one** year(s)  120 - Callback program with **Select one** upon successful completion.  **Open Plea**: Floor: Lid: If a fine, please note the amount: . |

**Concurrent/Consecutive**: **Concurrent Consecutive:  N/A**

**Credit for Time Served:   
 YES** (Indicate time, calculated for date of plea hearing):  **NO  N/A**

**PROBATION CASES AT ISSUE:**

* Case Number:
* Probation Counts:
* Disposition under Current Arrangement:
* Case Number:
* Probation Counts:
* Disposition under Current Arrangement:

**ADDITIONAL NOTES:**

**SPECIAL CONDITIONS OF PROBATION**

YES  NO

If yes, please list the special conditions below.

**Probation Supervision:** Choose an item..   
**Defendant’s Probation Assigned to** (Leave blank if it remains Division 9): .   
 If assigned to another division, has the Division agreed to take the case? ☐ YES ☐ NO  
 Please Provide the next Court Date:

**RESTITUTION**

**Is restitution ordered?  YES  NO**

If yes, please list the conditions below.

**Restitution form submitted:  YES  NO  N/A**

**OTHER REQUIRED INFORMATION**

**24.035 Acknowledgement:**    
 Discussed Rights With Defendant Signed 24.035 Provided

**Waive Court Costs (except crime victim compensation fund fee):**

**YES  NO**

**Crime Victim Compensation Fund Fee:**

**Misdemeanors Felony: Unclassified, C, or D Felony: A, or B**

**$10.00  $46.00  $68.00**

**Public Defender Lien is Waived:**

**YES  NO  N/A**

**Alford Plea:**

**Please provide reasoning for the request:** .

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| **Additional Notes:** |