**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-**

**Email:**

**Phone#:**

|  |
| --- |
| **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**

**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.

|  |
| --- |
| **COUNT I** [ ]  **Amended** [ ]  **Arraignment Needed** [ ]  **Plea of Guilty** [ ]  **Dismissed** Charge Description: [ ]  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: [ ]  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: [ ]  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: [ ]  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: [ ]  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: [ ]  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, D, or E 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:**  |