STATE OF SOUTH DAKOTA) :SS	IN MAGISTRATE COURT SECOND JUDICIAL CIRCUIT	
COUNTY OF MINNEHAHA)		
STATE OF SOUTH DAKOTA,	*	CRI./MAG
Plaintiff,	*	PETITION TO GIVE UP
VS.	*	RIGHTS AND PLEAD GUILTY
,	*	
Defendant.	*	
*****	*****	*****

You are the Defendant in this case. Please list the charge(s) to which you will be pleading guilty:

- •
- YesNoI hereby state to the court that I understand the charge(s) against me and the elements of
each charge necessary to prove my guilt.YesNoI understand that the maximum statutory penalty is: a \$2,000 fine and/or one year in jail
for a class 1 misdemeanor OR a \$500 fine and/or 30 days in jail for a class 2 misdemeanor.

Please check the Yes box if you understand that you have the following rights.

Yes	No	ightarrow You have the right to be represented by a lawyer.
Yes	No	ightarrow If you cannot afford to hire a lawyer, a lawyer can be appointed to represent you.
Yes	No	ightarrow You have the right to a speedy public trial in this county with an impartial jury of your peers.
Yes	No	\rightarrow You are presumed innocent of until the state has proven you guilty of the offense(s) against you beyond a reasonable doubt.
Yes	No	\rightarrow You have the right to compulsory process (the right to have witnesses testify for you), including the right to subpoena witnesses.
Yes	No	ightarrow You have the right to confront and cross examine any witnesses who testify against you.
Yes	No	→You have the right against self-incrimination. You cannot be made to say anything about the facts, details or evidence in your case. You do not have to testify at your own trial.

Do you understand that by pleading guilty, you will give up the following rights?

Yes	No	ightarrow The right to a speedy public trial in this county with an impartial jury of your peers.
Yes	No	ightarrowThe right to confront and cross-examine the witnesses against you.
Yes	No	\rightarrow The right against self-incrimination, also known as the right to remain silent.

Yes	No	→I dri
Yes	No	→I

 \rightarrow Do you understand the maximum penalty possible, your rights, any potential loss of driving privileges, and that you may be ordered to pay restitution?

 \rightarrow Do you wish to give up your rights and plead guilty?

To the charge in the information/indictment/complaint, do you plead?

Circle One → GUILTY OR NOT GUILTY

Yes	No	ightarrow Other than the recommended plea agreement, has anyone made any promise to you to enter this plea of guilty?		
	<u>nended</u> reement	→		
rica Ag	reement			
Yes	No	\rightarrow Above is the recommended plea, which I understand.		
Yes	No	ightarrow Has anyone forced or threatened you to make you plead guilty?		
Yes	No	\rightarrow I hereby state to the Court that my plea in this matter is free and voluntary, and that the only reason I am pleading guilty is that I am in fact guilty as charged.		
Yes	No	\rightarrow I hereby represent to the Court that I am not presently under the influence of any alcoholic beverage or drug that would impair my ability to understand these rights and the effect of a guilty plea on them.		
Date th	nis	day of, 20		
		Defendant		
Subscri	ibed and	d sworn before me on this day of, 20,		
		Notary Public or Defendant's Lawyer		
Defenda belief th accurate	nt the alle e stateme and true	Defendant,, I hereby certify that I have read and fully explained to the egations contained in the complaint, information or indictment in this case. To the best of my knowledge and ents, representations, and declarations made by the Defendant in the foregoing petition are in all respects. The Plea of guilty offered by the Defendant accords with my understanding of the facts the Defendant has a consistent with my advice to the Defendant and in my opinion is voluntarily and knowingly made.		
		ne presence of the Defendant and after discussion of the contents of this petition with the Defendant this, 20, 20		

Defendant's lawyer

Are you a veteran? Yes or No

Which branch? _____

Dates of service? _____

Type of discharge? _____