

IN THE FAIRFAX COUNTY GENERAL DISTRICT COURT

TRIAL ADVISEMENT AND PLEA

Criminal Traffic

Case # _____

Commonwealth of Virginia

Officer: _____

vs.

Commonwealth's Attorney – PRINT CLEARLY

Defendant – PRINT CLEARLY

Defense Attorney / VSB ID # - PRINT CLEARLY

Original Charge(s): _____

Final Charge(s): _____
(if amended)

I understand the charge(s) against me, have read this form, and understand the following:

That by pleading guilty or no contest I am giving up my right to a trial, including the right to hear from and question the witnesses against me, and the right to avoid being required to give evidence against myself. I have not been promised anything, or been forced or threatened in pleading guilty or no contest.

That if I am not a citizen of the United States, and I plead guilty or no contest, am found to be guilty, or have the imposition of sentence deferred for participation in an authorized program, there may be consequences of deportation, exclusion from admission into the United States, or denial of naturalization pursuant to the laws of the United States.

After considering the above advisement and after discussion with my attorney (if I have one),

I freely and voluntarily plead: Guilty No Contest to the above offense(s).

(Defendant's signature)

(Defense Attorney's signature)

(Translated by, if applicable)

COMMONWEALTH'S ATTORNEY'S RECOMMENDED DISPOSITION

Nolle Prosequi Dismissed No Agreement on Sentence

Recommended Sentence: Fine of \$ _____ with \$ _____ suspended

Jail Sentence of _____ with _____ suspended, of which _____ days are mandatory minimum.

Weekends in Jail Beginning: _____

Driver's License Suspended for _____ **Restricted License Requested**

ASAP **Probation:** Active Inactive Month(s) _____ Year(s) _____

Other: _____

IMPOSITION OF SENTENCE SUSPENDED/COMMUNITY SERVICE

OAR PSP Volunteer Center Hours: _____ RETURN DATE: _____

Recommended: _____ (Prosecutor's initials) _____ (Date) GDC Trial Adviser/Plea 12/5