

SUPERIOR COURT OF CALIFORNIA, COUNTY OF NAPA	FOR COURT USE ONLY
PEOPLE OF THE STATE OF CALIFORNIA  v.  DEFENDANT:	
<b>PLEA FORM - ATTACHMENT SIX (GENERAL MISDEMEANOR DEFERRED ENTRY OF JUDGMENT PROGRAM)</b>	CASE NUMBER:

**INSTRUCTIONS:** Read, date, and sign this form if you wish to plead guilty or no contest and participate in the General Misdemeanor Deferred Entry of Judgment Program (GMDEJP). If you have any questions about your case, the possible sentence, or the information on this form, ask your attorney or the judge.

**DEFERRED ENTRY OF JUDGMENT PROGRAM RULES AND CONSEQUENCES**

1. I understand I will be required to contact the Napa County Probation Department at 555 Gateway Drive, Suite P, Napa, CA 94559, immediately after court. If I do not contact the Probation Department within 5 days, my sentencing date will be advanced and I will be required to appear, and the consequences of my plea will be imposed. I must report back to court for sentencing. I understand I will be assessed by the Probation Department and required to successfully complete and satisfy all program requirements as directed by the Probation Department. I must not commit any new crimes for one year from today's date.
2. I understand I will be required to pay a one-time \$50 collection and monitoring fee and victim restitution in the amount of \$\_\_\_\_\_ (if applicable). If restitution is owed, I may be subject to additional fees.
3. I understand **NO EXTENSIONS OF TIME OR RE-REFERRALS** to the program will be granted. **I also understand I may participate only one time in this program.**
4. I understand I will be terminated from the program if I attend any classes under the influence of alcohol or drugs.
5. I understand my signature serves as consent for the Probation Department to release any information in my participant file to the Napa County Superior Court and District Attorney's Office.
6. I understand if I fail to successfully complete all requirements of the GMDEJP then the consequences of my plea will be imposed at the scheduled sentencing hearing date. **I understand I will not be entitled to a hearing on whether or not I successfully completed the program prior to sentencing and my sentencing date may be advanced if I fail.** I also understand if I am terminated from the program, the District Attorney may petition the Court for an arrest warrant.
7. I understand the Court will schedule a hearing for sentencing approximately 12 months from today's date. I will not need to appear at this hearing if I successfully completed the GMDEJP and paid the \$50 fee. I understand that I am REQUIRED to appear at this hearing if I have NOT successfully completed the GMDEJP. I understand I may have the right to be sentenced by the same judge who accepts my plea. I give up this right and agree to be sentenced by a different judge. I understand I have the right to be sentenced no sooner than 6 hours and no longer than 5 days from today's date. I give up that right and agree to delay sentencing to participate in the GMDEJP.

Date	Defendant's Signature
Defendant's Telephone	Defendant's Address

**INTERPRETER'S STATEMENT**

I, having been duly sworn or having a written oath on file, certify that I truly translated this form to the defendant in the following language:  Spanish  Other (specify)\_\_\_\_\_

Date	Interpreter's Name	Interpreter's Signature
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