Plea Recommendation Form

17th Circuit Court of Cass County

☐ Belton ☑ Raymore

Municipal Division

Citation No:	**Date of Offense:**	
DEFENDANT INFORMATION:		
Last Name:	**First Name:**	**Middle Name/Init:**
CHARGE INFORMATION [costs included unless otherwise noted]		
Original Charge: _____ **Charge Code:** _____ (Commences with "ORD." or "ORDIN." It is not the violated ordinance.)		
(For Prosecutor's Use) **Prosecutor's Recommendation**		**$**
(For Prosecutor's Use) **Other:** ☐		
☐ **Plea Accepted**		**Ross C. Nigro Jr., Municipal Judge**

APPEARANCE WAIVER, PLEA OF GUILTY AND REQUEST THAT CASE PROCEED IN ABSENCE OF DEFENDANT

The undersigned counsel for the defendant hereby certifies to the court that (s)he has advised the defendant of the nature of the amended charge; of the right to advice by a lawyer, the right to trial by judge or jury, the right against self-incrimination, the right to cross-examine prosecution witnesses, the right to compel witnesses to appear, and the right to trial de novo or review should the Defendant be found guilty of the amended charge. Defendant hereby enters a plea of guilty to the amended charge, waiving all right to trial and the other listed rights and request that the court and prosecutor waive the necessity of defendant's appearance in court.

_____ _____

Attorney for Defendant Bar #

_____ _____

_____ _____

Attorney Address Defendant Address

_____ _____

Attorney Phone Number Defendant Phone Number