

ATTORNEY OF PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address) TELEPHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO ADDRESS: CITY AND ZIPCODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER: _____ HEARING DATE: TIME: _____ DEPT: _____

PLEA IN ABSENTIA

(Vehicle Code Sections 23153, 23152, 23103.5)

This form must be attached to the waiver form.

DEFENDANT'S CERTIFICATION

I certify that I have read the front of the attached waiver of constitutional rights entirely, that I understand it; that my attorney has orally explained it to me, that I have personally and voluntarily placed the answers in the boxes and I enter a plea of _____ to the charge of violation of the Veh. Code section(s) _____.

I authorize and direct my attorney, _____, to enter to the court in my absence my plea and admit any prior convictions and/or refusal allegation as indicated on the attached waiver form(s). My attorney is further authorized and directed to waive time for sentencing, and to receive the sentence in my absence. I specifically waive my right to personally enter my plea, I waive my right to be personally present when sentence is imposed, I waive my right to delay sentencing not less than six hours nor more than five days after entry of the plea, and I waive my right to personally address the court in mitigation of any sentence which may be imposed. I waive my right to be sentenced by a judge. I understand that if the court grants probation, it shall be for not less than 3 years nor more than 5 years, and the terms and the conditions of probation may include, but not be limited to, fine, jail time, restitution and the conditions that I not drive without a valid California driver's license, not drive with any measurable amount of alcohol in my system, not refuse to take a chemical test or tests of blood, breath or urine when requested to do so by a peace officer, and obey all laws. I authorize my attorney to accept the conditions on my behalf.

Signed: _____ Dated: _____

ATTORNEY'S CERTIFICATION

I certify that I am the attorney of record for the defendant; that I have fully discussed the matters on the attached waiver of constitutional rights with the defendant and advised the defendant thereon; that the representation above are the defendant's own, that I believe the plea and waivers, were intelligently, voluntarily and expressly made; that I join in the plea and waivers, and that the above signature and the signature on the waiver form, if not notarized, were made in my presence. I stipulate there is a factual basis for the plea, and that time is waived for judgment and sentencing.

Signed: _____ Dated: _____

FINDINGS AND ORDER

This document having been completed and presented to the Court: the Court being satisfied that the plea and waiver were expressly, intelligently and voluntarily made; and the Court finding that there is a factual basis for said plea and enters it on the record.

Signed: _____ Dated: _____
 Judge/Commissioner of the Superior Court