IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT
OF THE STATE OF FLORIDA IN AND FOR POLK COUNTY

FELONY PLEA FORM
****DEADLINE**** - _____

STATE OF FLORIDA — DIVISION: F3

VS — CASE NO: 53-2011-CF-005524-01XX-XX

ALETHEA DELONDA PUGH

FELONY PLEA FORM

I, the above-named defendant, understand that I have been charged with the following crimes:

53-2011-CF-005524-01XX-XX
1) GRAND THEFT ($10,000 or more) (F 3)

I understand that I could also be sentenced as (mark all that apply)

☐ 10/20/L	☐ HVFO	☐ Repeat Sex Batt.
☐ PRR	☐ 3X	☐ AM Elig.
☐ HO	☐ VCC	☐ VFOSC

I understand fully the charge(s) to which I am pleading guilty/no contest as set out below:

- ☒ As charged.
- ☐ State to nolle prosequi counts: _____
- ☐ I will plea to a lesser/stipulated lesser _____ of count _____.

Check appropriate line:

- ☒ 1. (a) I am pleading guilty.
- ☒ (b) I am pleading nolo contendere, and by so doing acknowledge that I feel it is in my best interest to do so.
- ☒ 2. (a) I am pleading to the above identified charges above pursuant to a plea agreement and the terms of that agreement are set forth below:
- ☐ (b) I admit violation(s) of probation/community control in the above identified cases with the terms of disposition set forth below.
- ☐ (c) I admit violation(s) of probation/community control in the above identified cases and the terms of agreement as to disposition are set forth below.

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FSP _____ PROBATION 5yrs
COUNTY JAIL 6 mos. or 30 days WEVR COMMUNITY CONTROL _____
COMMUNITY SERVICE _____ ; 6 days Jail ☐ SEXUAL PREDATOR | OFFENDER ☐
WARRANTLESS SEARCH AND SEIZURE BY DOC & LE ☐ Restitution before Sentencing. DNA SAMPLE ☐

If my plea calls for me to be sentenced to probation, drug offender probation or community control, I understand that in addition to all the standard conditions of supervision set out in the standard order of probation or order of community control (pursuant to 948.01(1)(a), FS), I shall have the following special conditions to be performed as set out below and as directed by my supervising officer:

- ☒ I shall have no contact with the victim(s) Haines City High School nor their families. Further, I shall have no contact with _____. Contact means either directly or indirectly, including through any third person;
- ☐ STANDARD PROBATION with DRUG CONDITIONS (may include a curfew, limitations on use/possession of, or association with alcohol/drugs, warrantless search and seizure, and drug/alcohol evaluation and treatment, per paragraphs 34-38, of the Standard Sentencing Order).
- ☐ DRUG OFFENDER PROBATION (Minimum conditions per paragraphs 18-21, of the Standard Sentencing Order are a limitation on use/possession of, or association with drugs/alcohol, drug/alcohol evaluation and treatment, and random drug/alcohol tests. Additional conditions in OTHER below).
- ☐ Defendant is pleading to a QUALIFYING SEXUAL OFFENSE. All additional standard conditions of Probation/Community as set forth in the Tenth Circuit Sentencing Order pursuant to F.S. 948.03 or FS 948.30, apply.
- ☐ I shall abide by a curfew of 10 PM to 6 AM daily unless directed otherwise by the Court
- ☒ I shall be required to pay for any drug/alcohol testing that may be ordered during this supervision.
- ☒ I shall submit my person, property, place of residence, vehicle or personal effects to a warrantless search at any time, by any probation or community control officer or any law enforcement officer.
- ☐ I shall consume no alcohol, nor be in possession of alcohol, nor associate with persons who use alcohol, nor frequent places where the service or sale of alcohol is the main source of business.
- ☐ I shall pay for and attend the Meth Free Project within four months.

The following special DRUG/ALCOHOL conditions of Probation/Community Control shall apply as follows:

- ☐ I shall not use any illegal drugs, be in possession of illegal drugs, associate with persons who use drugs or frequent places where illegal drugs are used.
- ☐ I must undergo a Drug and Alcohol evaluation within 60 days and, if treatment is deemed necessary, I must successfully complete the treatment within nine months but in no case less than four months prior to termination of my supervision. I further understand that I am responsible for the payment of any costs incurred while receiving said evaluation and treatment.
- ☐ I shall submit to urinalysis, breathalyzer, or blood tests at any time requested by my officer or the professional staff of any treatment center where I am receiving treatment to determine the possible use of alcohol, drugs or controlled substances. These will be at my expense unless my officer waives payment.
- ☐ I understand that any offer of probation, DOP or community control is contingent on my being evaluated for and accepted by the Post Adjudication Drug Court before entry of my plea. If accepted, I must successfully complete the program according to program rules. I further understand that I am responsible for the payment of any costs of said program.

Other Special Conditions:

1. Defendant cannot be employed in any capacity in which she has fiduciary duties.
2. Defendant can only utilize, or have access to, one checking account, which must be in her name, and of which will be subject to review at anytime by the Department of Corrections and/or Law Enforcement.

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3. Defendant is to make best efforts to maintain full-time employment. Defendant may not be self-employed. If unemployed at any time while on probation, defendant must provide her probation officer with copies of a minimum of ten different job applications for which the defendant is qualified. The applications must be accurate and submitted in good faith for a position for which the defendant is qualified and believes she may be hired for. If employment is offered and not accepted, the defendant must provide to her probation officer within ten days the reason for which employment was not accepted.

☐ 3. This plea anticipates that defendant will score less than 44 total Sentence Points. If not, the scoresheet may be corrected and/or the State may withdraw. (October 1, 1998 Criminal Punishment Code).

☐ This is a below guidelines disposition. (If checked)

Defendant agrees to pay all mandatory and discretionary fines and other costs and restitution as a condition of probation/community control or otherwise, as set forth beginning on page four (4) of this agreement. Any additional conditions of Probation/Community Control are up to the Court.

STATEMENT OF ASSISTANT STATE ATTORNEY

I hereby state that any discovery available at this stage in the proceedings has been made available to the defendant or the defendant's attorney.

6/10/12
DATE

ASSISTANT STATE ATTORNEY

STATEMENT OF RIGHTS

4. I understand that I have a right to plead not guilty and the right to be tried by a jury to determine whether I am guilty or not guilty. I understand what a jury trial is and that I can help select my jurors and have a right to require all jurors to agree on a verdict.
5. I understand that I have the right to be represented by an attorney at the trial and that if I cannot afford one, the Court will appoint an attorney to represent me.
6. I understand that I have the right to compel the attendance of witnesses on my own behalf, the right to confront and cross examine all witnesses testifying against me, and the right to testify, or to remain silent and have the jury instructed that my silence cannot be used against me.
7. I understand that if I plead guilty or nolo contendere, there will be no trial and I waive all rights that go along with a trial.
8. I understand that if I plead guilty or nolo contendere without reserving the right to appeal, I am waiving my right to appeal all matters relating to the judgment including the issue of my guilt or innocence.
9. I understand that if I plead guilty or nolo contendere and that if I am not a United States citizen I will be subject to deportation.
10. I understand that after entering a plea the judge may ask me questions and if my answers are not true, it could lead to a perjury prosecution.
11. I understand that if the charge to which I am pleading is a drug related offense or other enumerated offense, my driver's license could be suspended or revoked.
12. I understand that if I am pleading to or have ever been convicted of a qualifying sexual offense, or if I have been designated a sexual predator, I will be subject to mandatory electronic monitoring pursuant to Section 948.30(3), Florida Statutes, if conditions therein are met.
13. I understand that if I am pleading to or have ever been convicted of a sexually motivated crime, I could be subject to civil commitment as a sexually violent predator pursuant to Chapter 394, Florida Statutes, upon release from any prison sentence now or hereafter imposed in this or any future cases.

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14. I understand that if I am sentenced to probation or community control for a qualifying offense committed on or after March 12, 2007, or have previously been convicted of a qualifying offense, or have previously been designated a Habitual Violent Felony Offender, a Three Times Violent Felony Offender, or a Sexual Felony Offender of Special Concern. FS 948.06
15. I understand that if I plead guilty or nolo contendere to a DUI/BUI offense, certain mandatory sentence requirements may apply, including but not limited to additional costs and fines, drivers license suspension or revocation, DUI School, and the use of an ignition-interlock device, at my expense.
16. I am not under the influence of drugs, or alcoholic beverages or medication to the extent that it impairs my understanding of this plea.
17. I am not suffering from any mental illness which would impair my understanding of this plea.
18. I certify that no one has promised me anything or threatened or coerced me in any way in order to get me to enter this plea, and I am pleading freely and voluntarily.
19. I certify that I have discussed the charges with my attorney including the maximum and minimum penalties and possible defenses and am satisfied with the representation of my attorney.
20. I understand that any representation by my attorney or any one else as to the amount of gain time I may earn on my sentence or as to how much of my sentence I will actually serve is only as estimate and is not a promise or guarantee. I understand that this plea agreement is not contingent upon any such representation and that I will not be able to withdraw from this agreement or otherwise challenge my conviction or sentence, if the representation is in fact inaccurate or incorrect.
21. I understand that if I plead guilty or nolo contendere and I was under the age of 18 at the time of the offense, I may be eligible for juvenile sentencing sanctions and by entering into this agreement I specifically waive my right to be considered for such juvenile sanctions and I further waive the statutory findings required by Chapter 39, Florida Statutes.
22. I understand that if I fail to timely appear for my Pre-Sentence Investigation interview or Sentencing or if I commit a new crime supported by probable cause prior to sentencing, my plea will stand but the sentencing agreement is void and I may then receive the maximum sentence authorized by law.
23. I understand that I will be required to pay **RESTITUTION** as part of my sentence or as a condition of probation or community control to each victim who suffered damage or loss pursuant to FS 775.089, of and payable to these individuals or companies:

$11,000 to Homer City School Athletic Booster Club
6/15/12

Based on my ability to pay, I agree that I can pay restitution at a minimum rate of $_____ per month with the full amount due no later than four months before termination of my supervision.

24. In addition to restitution, I understand that some or all of the costs and fines indicated in paragraphs (1) through (26) below will be assessed against me on each case to which I have plead guilty or no contest, as part of my sentence or as a condition of probation or community control, and I agree to pay them as directed by the Court. I understand that some of the costs or fines indicated below are mandatory and must be imposed by law, and that I may not contest either the assessment or amount of mandatory costs and fines. I further understand that some of the costs and fines are discretionary and may be imposed against me by the Court. I understand that I have a right to a hearing with regard to the assessment or amount of discretionary costs or fines. By this agreement I do expressly agree to the imposition of all discretionary costs or fines imposed upon me by the Court and waive my right to contest the assessment or amount of all discretionary costs or fines.

Fines and costs are set forth below (additional cost or fines will apply to DUI/BUI charges):

(1) $_____ **MANDATORY FINE(S) FS 316.193(2)(b) (DUI); FS 327.35(BUI); FS 893.135 (Drug Trafficking); FS 828.12 (Animal Cruelty); FS 775.0335 (Death or Injury) DISCRETIONARY FINE(S) UP TO COURT in amount(s) per count not exceeding $15,000 (LF), $10,000 (F1 or F2), $5,000 (F3), $1,000 (M1) and $500 (M2) FS 775.083**

(2) 5% surcharge on FINE(S) FS 938.04, FS 960.21

(3) $3 FS 938.19 (Teen Court)

(4) $50 FS 938.03 (Crimes Compensation Trust Fund)

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(5) $225 FS 938.05 (Criminal Justice Trust Fund) (FELONY), OR $60 FS 938.05 (Criminal Justice Trust Fund) (MISDEMEANOR OR CRIMINAL TRAFFIC)
(6) $65 FS 939.185 (1)(a) (Law Library, Teen Court, Legal Aid, Court and Local Funding)
(7) $50 (Felony) or $20 (Misdemeanor) FS 775.083(2) (Crime Prevention Programs)
(8) $100 (Felony) or $50 (Misd./Traffic) per case payable to SAO FS938.27(8)(SAO COST)
FELONY SUB-TOTAL w/o FINE: $493 MISD. SUB-TOTAL w/o FINE: $293 (MINIMUMS)
(9) $3 FS 938.01 (Clearing Trust Fund) (if adjudicated guilty)
(10) $2 FS 938.15 (Criminal Justice Education Fund)(Polk County Code 2.203)(if adjudicated guilty)
(11) $15 County Alcohol/Drug Abuse Trust Fund FS938.13, Polk County Ord 90-03, 88-64
(12) ADDITIONAL SAO COSTS (Not already included above) FS 938.27(8). $300 in
(13) $982 INVESTIGATIVE COSTS payable to HCPD FS 939.27(file affidavit)
(14) $151 Child Advocacy Trust Fund FS 938.01
(15) $151 Rape Crisis Program Trust Fund. FS938.085 (eff Crimes committed after 7/1/03) for violations of FS 784.011, 784.021, 784.03, 784.041, 784.045, 784.48, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, 787.01(3), 787.02(3), 787.025, 787.06, 787.07, 794.05, 794.08, 794.011, 796.03, 796.035, 796.04, 796.045, 796.05, 796.06, 796.07(2) (a)-(d) and (i), 800.03, 800.04, 810.14, 810.145, 812.135, 817.025, 825.102, 825.1025, 827.071, 836.10, 847.0133, 847.0135(2), 847.0137, 847.0145, 943.0435(4) (c), (7), (8), (9) (a), (13), and (14) (c), 985.701(1)
(16) $251 Domestic Violence Trust Fund Surcharge FS 938.08 applies to same crimes as para (15)
(17) $250 Wildlife Violation Surcharge FS 372.7015
(18) If court determines Defendant is presently able to pay and payment will not prevent rehabilitation or restitution, an amount up to the amount of fine(s) Alcohol & Drug Abuse Program FS 938.21
(19) $100 FDLE Operating Trust Fund FS 938.25 for non-trafficking drug violations of FS 893.13
(20) $500 FS 796.07(6) Mandatory Civil Penalty for violation of FS 796.07(2f)
(21) $15 FS 938.18(13)(a)(Surcharge on Traffic Fines) plus $3 FS 318.18(17) for ch. 316 violations
(22) $100(Felony) or $50(Misd/Traff) for PD or CrtApptAtty Fee if applicable FS938.29(Minimum)
(23) $50 Application Fee for Public Defender or Court Appointed Attorneys, if applicable FS27.52
(24) (25) The Court may reserve the Jurisdiction to impose a Civil Restitution Lien pursuant to FS960.291, et seq for damages or losses to victims or to the State of Florida or its local subdivisions
(25) If placed on any form of community supervision, costs of supervision and rehabilitation of $30 per month payable to the Department of Corrections will be assessed in addition to $30 or $50 for electronic monitoring, if ordered, $1 (First Step) if ordered, and $2 (FDOC) Training Costs) FS 948.09 and FS 948.03 and Admin Order 2-64-0

STATEMENT OF DEFENDANT AND ATTORNEY

I, the above-named defendant, acknowledge that I have had the opportunity to review this agreement with my attorney. I understand its terms and that I have had the opportunity to discuss with my attorney the possibilities of DNA testing. I understand I have a right to have counsel investigate my case prior to trial including an opportunity to obtain more detailed discovery from the State. Considering my desire to accept this early disposition offer, I hereby waive any objection I may have to more detailed discovery and a more thorough investigation of my case and as to the possible existence of any DNA evidence. I waive my right to require the state to produce DNA evidence, and I waive my right to have any such DNA evidence tested and/or I am personally unaware of any physical evidence the DNA testing of which may exonerate me. I agree with all representations made by my attorney below.

6-16-12
DATE

DEFENDANT

STATEMENT OF ATTORNEY

I, as the attorney for the above-named Defendant, state that I have reviewed this plea form with my client and, to the best of my knowledge and belief, the Defendant fully understands its contents. I further acknowledge that I have reviewed with my client, the discovery made available by the state, including any items of physical evidence contained therein or the lack thereof, and that I am personally unaware of items of physical evidence the DNA testing of which may exonerate my client. I have explained the effect of this plea agreement and of the waiver signed above including the effect of waiving the right to have more detailed discovery and the right to have any physical evidence tested for DNA evidence.

6-16-12
DATE

ATTORNEY FOR DEFENDANT

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