

Date:

Defendant: _____

PRO SE DEFENDANTS ARE REQUIRED TO SIGN A WAIVER OF RIGHT TO COUNSEL PRIOR TO SIGNING THIS DOCUMENT

For multiple offenses, the cause number (CN) of the case to which the recommended sentence applies should be noted.

Cause Number:

Charge:

Misdemeanor Plea Agreement and Sentence Recommendation

If the defendant pleads guilty, the state RECOMMENDS:

CONFINEMENT IN JAIL for _____ DAYS

Confinement to begin _____, 20 ____ . weekend; work release; std.

FINE in the amount of \$ _____ PLUS COURT COSTS

RESTITUTION \$ _____ (to be paid as a term/condition of probation, if applicable)

CONVICTION/STANDARD PROBATION, confinement be suspended for _____ months

DEFERRED ADJUDICATION PROBATION for _____ months

Standard conditions of supervision AND ALSO TO INCLUDE OR OMIT:

OTHER TERMS:

Upon the acceptance and approval by the court of the defendant's waivers and plea herein, the state approves and consents to the waiver of a trial by jury and does hereby waive its right to trial by jury.

OFFERED THIS DATE BY THE STATE OF TEXAS:

Assistant District Attorney, Grayson County Texas

Texas State Bar Number

I ACCEPT THIS PLEA OFFER AND AGREE TO THIS PLEA RECOMMENDATION:

Defendant

Attorney for Defendant

Texas State Bar Number