

SUPERIOR COURT OF CALIFORNIA		<i>Reserved for Clerk's File Stamp</i>	
COUNTY: COUNTY OF HUMBOLDT – 825 5TH STREET, EUREKA, CA 95501			
PLAINTIFF: PEOPLE OF THE STATE OF CALIFORNIA			
DEFENDANT:			
HEALTH AND SAFETY CODE § 11369 ADVISEMENT – ADDENDUM TO PLEA FORM		CASE NUMBER: CR	DEPT.

INSTRUCTIONS

Initial the box for each applicable item only if you understand it, and **sign and date the form**. If you have any questions about your case, the possible sentence, or the information on this form, ask your attorney or the judge.

ACKNOWLEDGEMENT OF PLEA TO QUALIFYING OFFENSE

1. I understand and acknowledge that I am charged with and plead ___ guilty, or ___ no contest, to the one of the following offenses Health and Safety Code §§ 11351, 11351.5, 111352, 11378, 11378.5, 11379, 11379.5, or 11379.6. List actual offense(s):

TYPE OF OFFENSE(S) AND SECTION NUMBER(S)

2. I acknowledge I have been advised of, I have read, and I understand the following:

You are hereby advised that it is extremely dangerous and deadly to human life to illicitly manufacture, distribute, sell, furnish, administer, or give away any drugs in any form, including real or counterfeit drugs or pills. You can kill someone by engaging in this conduct. All drugs and counterfeit pills are dangerous to human life. These substances alone, or mixed, kill human beings in very small doses. If you illicitly manufacture, distribute, sell, furnish, administer, or give away any real or counterfeit drugs or pills, and that conduct results in the death of a human being, you could be charged with homicide, up to and including the crime of murder, within the meaning of Section 187 of the Penal Code.

INITIALS ↓
1.
2.

** DEFENDANT'S SIGNATURE: _____	DATE: _____
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ATTORNEY'S STATEMENT

I am the attorney of record for the defendant. I have reviewed this form with my client. I have answered all of the defendant's questions with regard to this form.

SIGNATURE OF DEFENDANT'S ATTORNEY

DATE

INTERPRETER'S STATEMENT (if applicable)

I, having been sworn or having a written oath on file, certify that I truly translated this form to the defendant in the language indicated below. The defendant stated that (s)he understood the contents of the form, and then (s)he initialed and signed the form.

Language: Spanish Other (specify): _____

COURT INTERPRETER'S SIGNATURE TYPE OR PRINT NAME DATE