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IN THE CIRCUIT COURT OF ST. CHARLES COUNTY, MISSOURI
MUNICIPAL DIVISION, CITY OF LAKE SAINT LOUIS
200 Civic Center Drive
Lake Saint Louis, MO 63367
(636)625-1058

CITY OF LAKE SAINT LOUIS

vs.

_____
Defendant

Date:_____ Case No(s):
1._____
2._____
3._____
4._____

PLEA OF GUILTY AND SENTENCE

Defendant appears in person and/or by attorney, _____, The City appearing by its Prosecuting Attorney, having been fully advised of his/her rights, and having waived his/her right to an attorney, enters a plea of guilty to the (amended) charge(s)of:

	Charge	Amended if Applicable	Fine	Court Costs	Add't Fees	Total
1.	_____	_____	$_____	$_____	$_____	$ 0.00
2.	_____	_____	$_____	$_____	$_____	$ 0.00
3.	_____	_____	$_____	$_____	$_____	$ 0.00
4.	_____	_____	$_____	$_____	$_____	$ 0.00
					TOTAL DUE	$ 0.00

The Court finds the plea(s) is/are voluntarily made with full understanding of the nature of the charge and the range of Punishment provided by ordinance, and therefore accepts the plea(s) of guilty.

☐ Imposition/ Execution of jail/fine sentence on Charge _____ is suspended, and defendant is placed on ○ **SUPERVISED** ○ **UNSUPERVISED** probation for a period of _____ ○ years ○ months with those conditions per the attached Probation Order, which is made a part of this sentence.

☐ Order to pay fines and court costs is stayed until _____. Defendant ordered to appear on said date as per the Stay of Execution Order, if payment in full is not made by such date.

☐ Defendant is ordered (as a condition of Probation) to complete **AND FILE PROOF** of the following program(s) no later Than ○ **30** ○ **60** ○ **90** ○ **120** days and to be in court if applicable at 6:00 p.m. on

☐ **ADEP/REACT** ☐ **SATOP** ☐ **VIP** ☐ **Recoupment of $**_____ ☐ **Restitution of $**_____

☐ **DDS** ☐ **Comm. Service** _____**hours** ☐ _____**days in Jail and any housing costs if applicable.**

☐ **$25.00 Probation Processing Fee** ☐ **Aggressive Offenders Program** ☐ _____**days /months SCRAM / IID**

☐ **Other:**_____

Through ☐ **Community Services of MO** ☐ **EMASS** ☐ **Other** _____

_____
Attorney for Defendant MBE #

_____
Prosecuting Attorney

So Ordered:_____
Judge **Date**

_____
Defendant **Date**

_____
Address

_____
City **State** **Zip code**

_____
Telephone # including area code

Revised 6/2020