

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLORADO**

\_\_\_\_\_/\_\_\_\_\_  
Loc. Code: Case / Violation No.

**Government moves to dismiss:**

\_\_\_\_\_/\_\_\_\_\_  
Loc. Code: Case / Violation No.

THE UNITED STATES OF AMERICA,  
Plaintiff,  
v.

\_\_\_\_\_  
Defendant(s),

**PLEA AGREEMENT – Fed. R. Crim. P. 11**

1. Defendant will plead guilty to these count(s)/violation(s):

**Count 1:** \_\_\_\_\_

**Count 2:** \_\_\_\_\_

2. The Government agrees to recommend the following sentence:

**a. That Defendant completes the following and pays for all costs associated with:**

\_\_\_ Petty Theft Class      \_\_\_ Level I Drug & Alcohol Awareness      \_\_\_ Level II D&AA

\_\_\_ Domestic Violence Class      \_\_\_ Anger Management

Alcohol Therapy:

\_\_\_ Level A: 42 hrs. ( $\geq$  .20 BAC)      \_\_\_ Level B: 52 hrs. (prior DWAI)

\_\_\_ Level C: 68 hrs. (prior DUI)      \_\_\_ Level D: 86 hrs. (prior habitual)

\_\_\_ Conditions to be completed through a State Certified Program.

\_\_\_ Conditions to be completed through Adult/Youth Counseling Services in Colorado Springs,  
CO (719) 422-1779.

**b. Incarceration/Probation**

\_\_\_\_\_Incarceration \_\_\_\_ (suspended) \_\_\_\_\_Probation \_\_\_\_ (unsupervised)

**c.**

**i.** Fine(s): \_\_\_\_\_

**ii.** Special Assessment: \_\_\_\_\_

**iii.** Processing Fee of \$30.00 per charge: \_\_\_\_\_

Subtotals: \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**d. Community Service: \_\_\_\_\_Hours**

\_\_\_\_\_with 2 hours through Mothers Against Drunk Driving/Victim Impact Panel.

**The Defendant can complete community service through:**

\_\_\_\_\_Front Range Community, Inc. (719) 442-2201.

\_\_\_\_\_Army Community Services.

\_\_\_\_\_Approved Location in Colorado.

\_\_\_\_\_Approved location outside of Colorado (list state)\_\_\_\_\_.

**e. Other Conditions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**f. Defendant must provide PROOF OF COMPLIANCE with the terms of this agreement as well as NOTICE OF ANY CHANGE OF ADDRESS or PHONE NUMBER to the following:**

\_\_\_\_\_Office of the Staff Judge Advocate  
Attn: Magistrate Court Clerk  
1633 Mekong Ave, Bldg. 6222  
230 Fort Carson, CO 80913  
Tel #: (719) 526-0055  
Fax #: (719) 526-1357

\_\_\_\_\_United States Attorney's Office  
Attn: Magistrate Court Clerk  
1225 17<sup>th</sup> Street, Ste., 700  
Denver, CO 80202  
Tel #: (303) 454-0100  
Fax #: (303) 454-0406

\_\_\_\_\_Office of the Staff Judge Advocate  
Attn: Magistrate Court Clerk  
2304 Cadet Drive Suite 2100  
USAF Academy, CO 80840  
Tel #: (719) 333-3920  
Fax #: (719) 333-3644

\_\_\_\_\_Buckley Air Force Base  
Attn: Magistrate Court Clerk  
510 S. Aspen Street, Ste.,  
Buckley AFB, CO 80011  
Tel #: (720) 847-6970  
Fax #: (720) 847-6934

3. Defendant understands that the above sentencing recommendation is not binding upon the Court and if the Court rejects the recommendation and imposes a sentence different from that recommended, Defendant will not be able to withdraw the plea of guilty. Fed. R. Crim. P. 11(e). Furthermore, should Defendant fail to appear for a future Court date, commit another criminal act, or fail to comply with any special term noted above, Defendant will be in violation of this Agreement and the Government may recommend whatever punishment it deems appropriate. Upon acceptance by the Court, neither party can withdraw from this agreement, regardless of whether the recommendation is followed. Fed. R. Crim. P. 11(e).
4. The conviction may cause the loss of civil rights, including but not limited to the rights to possess firearms, vote, hold elected office, and sit on a jury. A violation of the conditions of probation or supervised release may result in a separate prison sentence. If the defendant is an alien, the conviction could possibly lead to deportation.
5. Defendant understands that if a fine or restitution is imposed as part of his/her sentence, the defendant will be required to pay it in a timely manner. Failure to do so may trigger monetary penalties, collection efforts by the government, and potential revocation of any probation or supervised release.
6. Defendant acknowledges that the nature of the charges and the possible penalties have been explained to him/her and states that a factual basis exists for each charge to which he/she is pleading guilty.
7. Defendant understands that by pleading guilty, he/she is giving up the right, with the assistance of counsel; to plead not guilty, to confront, cross-examine, and compel the attendance of witnesses; to present evidence in his/her defense; to remain silent and refuse to be a witness against himself/herself by asserting the privilege against self-incrimination; and to be presumed innocent until proven guilty beyond a reasonable doubt.
8. Defendant understands that by entering a plea of guilty, he/she is waiving the right to trial and there will be no appellate review of the question of whether or not the defendant is guilty of the offense(s) to which he/she has pleaded guilty. The defendant understands that once this Court imposes its sentence following a plea of guilty, the defendant can only seek appellate review of the sentence imposed.
9. The court may order that the U.S. Probation Office (USPO) conduct a Pre-Sentence Investigation (PSI) and prepare a Report for the Court's use prior to sentencing. In the event the Court orders a PSI, the Defendant must cooperate with the USPO in connection therewith, including appearing in person for an interview if so directed, complying with all reasonable requests of the USPO, and providing all information requested by the USPO.

My decision to enter the plea(s) of guilty is made after full and careful thought and with full understanding of my rights, the facts and circumstances of the case, and the potential consequences of my plea(s) of guilty. I am not under the influence of any drugs, medication, or intoxicants which affect my decision-making ability while making the decision to enter my guilty plea(s).

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

JASON R. DUNN  
UNITED STATES ATTORNEY

By: \_\_\_\_\_  
Special Assistant U.S. Attorney

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Defense Counsel (if represented)

\_\_\_\_\_  
Defendant's Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number