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| IN THE UNITED STATES DISTRICT COURTFOR THE EASTERN DISTRICT OF NORTH CAROLINAWESTERN DIVISIONNo. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **United States of America**, |  | **Order** |
| v. |
|  Defendant. |
|  |  |

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, state the following under the penalty of perjury:

1. In accordance with Federal Rule of Criminal Procedure 43(b)(2) and Local Criminal Rule 43.1, I hereby waive my right to appear in person for my arraignment, entry of a plea, and sentencing. I designate my attorney to appear on my behalf.
2. I grant my attorney full authority to enter the following plea:

[ ]  Guilty to Count(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Not Guilty to Count(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Nolo Contendere to Count(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I understand the nature of the charge(s) I am pleading guilty to and the maximum and minimum penalties authorized by law for that charge(s). I understand all of the other possible consequences of pleading guilty.
2. I understand that any plea agreement I have entered with the United States is not binding on the court. I further understand that the court retains the authority to sentence me to the maximum punishment allowed by law. If the court imposes a sentence that is different from what is contemplated by my plea agreement, I understand that would not be a basis to withdraw my guilty plea.
3. I consent to have all proceedings in my case conducted by a United States Magistrate Judge.
4. I agree to waive:
	1. The right to trial, judgment, and sentencing by a United States District Judge;
	2. The right to a jury trial;
	3. The right to testify in person; and
	4. The right to face my accusers.
5. I agree to be bound by the decisions of the court as in any other case of adjudication and the entry of judgment subject to the right of appeal as in any other case.
6. The circumstances that justify the waiver of my appearance are:

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1. I understand that I have the right to appeal any judgment of conviction or sentence entered by a United States Magistrate Judge to a United States District Judge. I also understand that any appeal must be filed within 14 days from entry of the judgment.

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| Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Defendant’s Signature |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Defendant’s Name |
| As attorney for the defendant,  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Defense Counsel’s Signature |
|  | Consented to by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Special Assistant United States Attorney |
| Approved by: |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_United States Magistrate Judge |  |