**9-104B. Appearance, plea, and waiver.**

[For use with Magistrate Court Rule 6-503 NMRA,

Metropolitan Court Rule 7-503 NMRA and

Municipal Court Rule 8-503 NMRA]

STATE OF NEW MEXICO

[COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

[CITY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COURT

[STATE OF NEW MEXICO]

[COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

[CITY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

v. No. \_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Defendant

**APPEARANCE, PLEA, AND WAIVER**

 I acknowledge that I have been charged with a violation(s) of the following traffic offense(s) with maximum fines as follows:

(*List offenses and maximum fines.*)

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

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 I further confirm that I have received a copy of the complaint or citation(s), and I have read and understand the crime(s) charged.

 I have been informed of my rights, as follows:

 1. The right to personally appear before the court at every stage of these proceedings;

 2. The right to a trial before the judge;

 3. The right to present witnesses on my behalf and to confront and cross-examine witnesses;

 4. The right to remain silent and that any statement made by me may be used against me;

 5. The right to hire a lawyer.

 I further understand that there is a penalty, as reflected above, provided by law for the offense or offenses for which I am charged. In addition, I must pay court fees of $ \_\_\_\_\_\_\_\_. I understand I may also have points assessed against my driver’s license.

 If I plead guilty or no contest, I will be required to pay the fine and fees as set by state law or local rule. If I plead not guilty, a trial will be set for a later date. If I plead not guilty, the Judge is not allowed to discuss the case until the time of the hearing or trial.

 I understand that if I plead guilty or no contest, I may discharge my obligations to the court in this matter by returning this signed document and remitting $ \_\_\_\_\_\_\_\_\_\_\_ payable to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ court.

 After reading and understanding the above, I hereby give up my right to personally appear before the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ court for an arraignment, and voluntarily enter my plea of:

 [ ] Not Guilty to one or more charges (Trial will be set.)

 [ ] Guilty to all charges

 [ ] No Contest to all charges (*A plea of No Contest means that you neither admit nor deny the charge or charges, but that you are not contesting the charge or charges and do not want a trial.*)

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

Date Defendant signature

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

Date of Birth Social Security No. Name (*print*)

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

Mailing Address (*print*) Physical Address (*print*)

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

City, State and Zip Code (*print*) City, State and Zip Code (*print*)

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

Daytime Phone Cell Phone

**RETURN BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO:**

(*Insert court name and address.*)

[Approved, effective May 15, 2001; as amended by Supreme Court Order No. 11-8300-051, effective for cases filed on or after January 31, 2012.]