

IMPORTANT
Please Read and Save

1. **Call your court appointed attorney's office immediately.** (Although, your communications with your attorney are confidential, your attorney is required to notify the Court if you do not contact him or her within 7 days. **A warrant for your arrest may issue if you fail to contact your attorney within 7 days.**)
2. **Attend all meetings with your attorney.** (Your attorney will arrange the meetings.)
3. **Make sure your attorney always has your current address and telephone number.**
4. **If at any time you have not had contact with your attorney in 30 days, call your attorney's office.** (Your attorney may not have been able to contact you.)
5. **Personally appear in Courtroom # 2 in this courthouse on Thursday,** _____ **at 9:00 a.m.** If you do not appear or appear late, the Court will immediately issue a **WARRANT FOR YOUR ARREST**. You will be arrested and taken to the **BENTON COUNTY JAIL**. You may have to remain in jail until your case is resolved.

BENTON COUNTY CIRCUIT COURT
PLEA/SENTENCING REQUEST
SPECIAL APPEARANCE REQUEST

Defense Counsel must submit this form so that it is received by the District Attorney's office not later than Friday of the week prior to the scheduled Personal Appearance Date (PAD). The District Attorney's office must file this form with the Court by 5:00 p.m. on the Monday prior to the PAD.

Appearance date: _____

DA _____

Defense Attorney _____

DA Fax: (541)757-6701

Calendar Clerk (541)766-6701

Defendant _____

Charge(s) _____

Case No(s). _____

Set for Plea/Sentencing _____ Est Length of time: _____

Defendant to enter plea to what charge(s) _____

Charge(s), case(s) to be dismissed

PSI (upward/downward departure required) Number of witnesses _____

Victim will testify Need _____ days to notify victim Interpreter needed

Other _____

Co-defendants _____ Case No(s) _____

Available dates: _____

Dates for trial or motion already set that need to be canceled on calendar: _____

Comments: _____

Set for special appearance Defendant failed to contact attorney w/in 7 days

I am unable to contact my client, set appearance Other _____

Defendant's last known address _____

Defense attorney signature _____ OSB# _____ Date _____

Deputy DA signature _____ OSB# _____ Date _____