

How to file a Plea in Absentia with the Marysville Municipal Court

Once a Not Guilty plea is entered on a minor misdemeanor traffic charge and a Bench Trial scheduled, it is the Court's policy that the Defendant appear in court on the scheduled date and time. However, if you wish to plead guilty to the charge and not appear in court, you may enter a *Plea in Absentia*. Once the plea is approved by the prosecutor, accepted by the Court and the agreed Fines and Costs paid in full, the Bench Trial will be vacated and you will not be required to appear in court on this charge.

To enter a *Plea in Absentia*:

Step 1: Contact the City Law Director's office at (937) 645-7371 for a City of Marysville or City of Dublin case or the Union County Prosecutor's Office at (937) 645-4190 for Ohio State Highway Patrol, Union County Sheriff, Plain City Police Department, and most other Union County agencies and inform them that you wish to enter a *Plea in Absentia* in lieu of your required court appearance. If it is determined that it is in the best interest of all parties, the appropriate prosecutor will complete the Defendant's Motion Request a *Plea in Absentia* with the following:

- The case information – Defendant's name, case number, etc.;
- The name and the ORC statute or local ordinance for the charge you are pleading guilty to;
- Information related to the amendment, if applicable, of the original charge.

The Prosecutor will sign the consent section of the form and forward the Journal Entry to the Clerk of Court's office.

You must provide your contact information and a fax number or email address to the Prosecutor.

Step 2: The Clerk's office will determine the total amount due. This amount will include the standard fine as established by Administrative Order and all court costs related to your case. This total will also include the Court ordered filing fee for a *Plea in Absentia* – this cost is presently **\$125.00**. After the Clerk's office has certified the total amount due, the Journal Entry and a Credit Card Authorization form will be forwarded to you by the method you provided the Prosecutor.

Step 3: Once you receive the completed forms, review for accuracy and, if you and the Defendant agree to the terms of the Entry, have the Defendant complete the Defendant's Acceptance portion of the Entry and file it with the Court via fax (937) 644-1228. The completed and approved Entry along with payment for all fines and costs must be filed with the Court **no later than 8:00 AM the day PRIOR to your court date**. The Court will review and, if the Court finds the *Plea in Absentia* acceptable, approve the plea.

Contact the Clerk's office at (937) 644-9102.

IN THE MARYSVILLE MUNICIPAL COURT, UNION COUNTY, OHIO

STATE OF OHIO

CASE NO(s) _____

Plaintiff,

JUDGE ROBERT PARROTT

vs

Defendant.

Hearing/Court Date: _____
Bench Trial Scheduled: Yes/No

DEFENDANT'S MOTION REQUESTING A PLEA IN ABSENTIA

I, _____, pursuant to Traffic Rule 12, hereby state my desire to plead guilty to:

Name/Description of Charge

Ordinance/ORC Statute Number

The above-stated charge(s) is an amendment to the original charge. The original charge in this case is _____ a violation of _____.

Prosecutor's Consent to Plea in Absentia

The State of Ohio represented by _____, (Prosecutor) consents to proceed with the plea and sentencing of this Defendant *in absentia* and the aforementioned amendment, if any, is so moved.

Prosecutor
Phone (937) 645-7371 (937) 645-7352 – Fax (City)
Phone (937) 645-4190 (937) 645-4191 – Fax (County)

Date

Clerk's Certification of Fines and Costs

The Fines and Costs for entering this plea shall be:

Fines \$ _____
Court Costs \$ _____
Fee for Plea *in Absentia* \$ 125.00

TOTAL DUE \$ _____

This amount is due and owing at the time of the filing of this entry. To make a credit card payment, fill out and submit with this entry, the Authorization for Credit/Debit Card Payment form included with this form.

By: _____
Deputy Clerk

**Defendant's Waiver of Rights and
Defendant's Plea in Absentia**

*Defendant must agree to all the terms below before the Court will consider this plea.
(Please indicate your agreement by checking the boxes below)*

- I understand that a guilty plea is a complete admission of my guilt. I also understand that by entering this guilty plea, I am giving up the following rights:
 - My right to confront my accuser and cross-examine witnesses;
 - My right to present my own evidence and to compel witnesses to testify on my behalf;
 - My right to testify or to remain silent or to make a statement at the time of sentencing;
 - My right to appeal the decision in this case;
 - The requirement that the State of Ohio prove my guilt beyond a reasonable doubt, at a public trial, on each and every element of the charges against me.

- I understand that this charge is a minor misdemeanor and that I am subject to a fine plus court costs under local administrative order. I have the ability to pay a fine and payment accompanies my waiver.

- I am a United States citizen.

Defendant's signature

Date

Address: _____

Phone: _____

Email: _____

Fax: _____

Court's Acceptance of Plea in Absentia

The Court hereby accepts defendant's plea of guilty *in absentia* to the above-referenced charge.

- The above-stated amendment is sustained.

IT IS SO ORDERED.

Robert Parrott, Judge

**Authorization for Payment with Credit/Debit Card
(Plea in Absentia)**

To make payment by Credit/Debit card (VISA or MasterCard only), complete this authorization and return it with the completed Journal Entry to the Clerk of Court's office by fax or email. These documents **must be received no later than 8:00 AM the day prior to the scheduled court date.**

My signature is my authorization for a credit/debit card charge on the account number (as completed below) for the amount stated in "Amount to be Charged" line below payable to the Marysville Municipal Court.

Name of Defendant _____ Case/Ticket No. _____

Phone Number _____ Email Address _____

Amount to be Charged \$ _____
from Clerk's Certification

Credit Card Number _____
(VISA, MasterCard, and Discover only)

Expiration Date of Card _____ CVV _____
(3-digit number from back of card)

Name as it appears on Debit/Credit Card _____

Signature of Card Holder/Authorized User _____

Billing Zip Code of Card Holder _____