

STATE OF SOUTH DAKOTA

POWER OF ATTORNEY

LAWRENCE COUNTY,
SOUTH DAKOTA

Docket # _____
Violation _____

VS.

I hereby deposit with the **Clerk of Courts** of Lawrence County, South Dakota, the sum of
\$ _____.

Please initial:

I understand that if I plead guilty, a judgment of guilt will be entered on my behalf. I further understand that by pleading guilty I waive the right to trial by a court or jury (as applicable); the right of cross-examination and my right against compulsory self-incrimination and the right to confront accuser(s). I hereby acknowledge that I understand these rights and that I knowingly, intelligently, voluntarily and intentionally waive all of these rights.

POWER OF ATTORNEY: I hereby plead guilty to the charge and direct the **Clerk of Courts** of Lawrence County to apply the money deposited, to the payment of fines and costs assessed against me.

Dated this _____ day of _____, 20____.

Defendant's Signature _____

On this day, _____ day of _____, 20____, before me, the undersigned Notary Public in and for _____ County, _____, personally appeared _____ as defendant, known to me or satisfactorily proven to be the person described in the foregoing instrument and acknowledged that they executed the same in the capacity therein stated and for purposes therein contained.

IN WITNESS THEREOF, I have hereunto set my hand and official seal.

(seal)

Notary Public, South Dakota
My commission expires:
