SUPERIOR COURT OF CALIFORNIA	*Reserved for Clerk's File Stamp*	
COUNTY: **COUNTY OF HUMBOLDT – 825 5TH STREET, EUREKA, CA 95501**		
PLAINTIFF: PEOPLE OF THE STATE OF CALIFORNIA		
DEFENDANT:		
HEALTH AND SAFETY CODE § 11369 ADVISEMENT – ADDENDUM TO PLEA FORM	CASE NUMBER: CR	DEPT.

INSTRUCTIONS

Initial the box for each applicable item only if you understand it, and **sign and date the form**. If you have any questions about your case, the possible sentence, or the information on this form, ask your attorney or the judge.

ACKNOWLEDGEMENT OF PLEA TO QUALIFYING OFFENSE

	INITIALS ↓
1. I understand and acknowledge that I am charged with and plead ☐ guilty, or ☐ no contest, to the one of the following offenses Health and Safety Code §§ 11351, 11351.5, 111352, 11378, 11378.5, 11379, 11379.5, or 11379.6. List actual offense(s): TYPE OF OFFENSE(S) AND SECTION NUMBER(S)	**1.**
2. I acknowledge I have been advised of, I have read, and I understand the following: You are hereby advised that it is extremely dangerous and deadly to human life to illicitly manufacture, distribute, sell, furnish, administer, or give away any drugs in any form, including real or counterfeit drugs or pills. You can kill someone by engaging in this conduct. All drugs and counterfeit pills are dangerous to human life. These substances alone, or mixed, kill human beings in very small doses. If you illicitly manufacture, distribute, sell, furnish, administer, or give away any real or counterfeit drugs or pills, and that conduct results in the death of a human being, you could be charged with homicide, up to and including the crime of murder, within the meaning of Section 187 of the Penal Code.	**2.**

**** DEFENDANT'S SIGNATURE:** _____ **DATE:** _____

ATTORNEY'S STATEMENT

I am the attorney of record for the defendant. I have reviewed this form with my client. I have answered all of the defendant's questions with regard to this form.

_____ _____

SIGNATURE OF DEFENDANT'S ATTORNEY DATE

INTERPRETER'S STATEMENT (if applicable)

I, having been sworn or having a written oath on file, certify that I truly translated this form to the defendant in the language indicated below. The defendant stated that (s)he understood the contents of the form, and then (s)he initialed and signed the form.

Language: ☐ Spanish ☐ Other (specify): _____

_____	_____	_____
COURT INTERPRETER'S SIGNATURE	TYPE OR PRINT NAME	DATE