

v.

_____, Defendant

NO: CR-_____

WAIVER OF ARRAIGNMENT AND WAIVER OF APPEARANCE AT ARRAIGNMENT

I, _____, do hereby acknowledge the following:

1. I understand the nature of the charges against me;
2. I understand that I have the right to be represented by an attorney and I may not waive my appearance at arraignment if I do not have an attorney;
3. I understand that I have the right to file motions, including but not limited to: a Request for a Bill of Particulars within seven (7) days following the date of my arraignment as scheduled below; a Motion for Pre-Trial Discovery and Inspection within fourteen (14) days following the date of my arraignment as scheduled below; and such other motions I may wish to file must be filed within thirty (30) days following the date of my arraignment as scheduled below, and are to be filed in one document called an omnibus pretrial motion.
4. I waive my right to appear for arraignment on _____, at the Wyoming County Courthouse, Tunkhannock, PA.
5. I hereby enter a plea of NOT GUILTY to any and all charges in the above case.

Date

Defendant's Signature

Address

Phone Number

CHECK ONE:

- I have submitted an ARD application to the District Attorney's Office.
- I have submitted a Treatment Court application to the Adult Probation Office.
- Schedule my case for a guilty plea hearing. _____Guilty plea agreement signed [OR] _____Guilty plea agreement not yet signed
- Schedule my case for status call/pretrial conference.
- Schedule my case for trial.

ACKNOWLEDGEMENT AND ENTRY OF APPEARANCE

I hereby acknowledge the following:

1. The Defendant understands the nature of the charges;
2. The Defendant understands the rights and requirements contained in Rule 571(C);
3. The Defendant waives his or her right to appear for arraignment.

I hereby enter my appearance for the Defendant and concur in this waiver.

Date

Signature of Attorney

Supreme Court ID No.

Address

Phone Number