IN THE COURT OF COMMON PLEAS OF LYCOMING COUNTY, PENNSYLVANIA

COMMONWEALTH OF PENNSYLVANIA	٤ ؛
	:
VS	:
	:
	:

WAIVER OF ARRAIGNMENT Pursuant to Pa.R.Crim.P. 571

DOCKET:

Defendant

1. I,______, hereby acknowledge that I have received a "NOTICE TO APPEAR" for arraignment and copies of the Criminal complaint and will receive a copy of the Information stating the charges filed against me by the District Attorney. I acknowledge that I am represented by counsel.

2. I am aware that I have a right to have the charges against me as contained in the Information read to me, word for word, in open court, after which I will be asked to state whether I plead "guilty" or "not guilty".

3. I am further aware that by my own choice, I may bypass the arraignment procedures, by waiving it, that is, giving up my right to be formally arraigned. In the event I choose to do so, a plea of "not guilty" will automatically be entered on my behalf.

4. I have been advised by my attorney in accordance with the Rules of Criminal Procedure as to my rights as follows:

- (a) To be represented by counsel.
- (b) To be advised of the nature of the charges against me.

(c) To file motions, including a Request for a Bill of Particulars, a Motion for Pretrial Discovery and Inspection, a Motion to Request Transfer from Criminal Proceedings to Juvenile Court Proceedings, and an Omnibus Pretrial Motion and the time limits within which the Motions must be filed.

5. I further understand that if I do not file these Motions in accordance with the Rules of Criminal Procedure, I may jeopardize my right to file them at a later date.

6. I acknowledge that if I fail to appear without cause at any proceeding for which my presence is required, including trial, that my absence may be deemed a waiver of my right to be present, and that the proceeding may be conducted without me and a bench warrant may be issued for my arrest.

7. I hereby waive my right to appear for arraignment scheduled______.

Date

Signature of Defendant

The foregoing document has been executed by the Defendant after conferring with me in my capacity as Defense Attorney. I hereby enter my appearance in the above matter.

Date

Attorney for the Defendant (Print Name)

Request future: _____ Guilty Plea date Pretrial date

Ce: District Attorney Defense Counsel Court Administrator's Office