

YORK COUNTY WAIVER OF ARRAIGNMENT

Judge Assigned _____

Docket: CP-67-CR-_____

COMMONWEALTH OF PENNSYLVANIA

VS

OTN: _____

Defendant's Name as Docketed _____

Charges: _____

Defendant's Alias, if any _____

Defendant's permanent mailing address _____

Is the Defendant incarcerated? Y / N where? _____

Inmate Number _____

City _____ State _____ Zip _____

Phone Number _____ DOB _____ B / A / I / W / U _____ M / F / X _____ H / N _____

Race _____ Sex _____ Ethnicity _____ Height _____ Weight _____ Hair _____ Eyes _____

RACE: B-Black, A-Asian, I-Native American/Pacific Islander, W-White, U-Unknown ETHNICITY: H-Hispanic, N-Not Hispanic

Has the defendant served in the military? Y / N Active / Discharged / Reservist/Natnl Guard / Retired Branch? _____

Does the defendant need an interpreter? Y / N Language _____

I am represented by an attorney who is in concurrence with this waiver. I have been advised and understand that I have been charged with the offenses listed above.

Please select ONE

____ I hereby enter a plea of NOT GUILTY to these charges and waive my right to formal arraignment by a Judge of the Court of Common Pleas of York County

____ I waive my right to formal arraignment by a Judge of the Court of Common Pleas of York County and would like to request a plea date

I have been advised and understand that I or my attorney have the following rights:

- To request a Bill of Particulars within the next 7 days
- To request Discovery from the District Attorney within the next 14 days
- To file an Omnibus Pre-trial Motion within the next 30 days
- To apply to the ARD program within the next 30 days
- To file a motion requesting transfer to Juvenile proceeding

Entry of Appearance has previously been filed by:

Attorney's Signature Date

Defendant's Signature Date

**Pro-Se Defendant Cannot File without Counsel*

Attorney's Printed Name

Supreme Court ID

Defendant's email address