

IN THE COURT OF COMMON PLEAS OF LEBANON COUNTY, PENNSYLVANIA

CRIMINAL

COMMONWEALTH OF PENNSYLVANIA

V.

ACTION NO. \_\_\_\_\_

**WAIVER OF ARRAIGNMENT**

\_\_\_\_\_ I have been informed of the charges against me filed at the above action number and enter my plea of not guilty.

\_\_\_\_\_ I have received a copy of the Information and have waived reading of that Information.

\_\_\_\_\_ I have been informed my arraignment date is \_\_\_\_\_ and from this date I have:

- (a) Seven days in which to request a Bill of Particulars from the District Attorney under Pa.R.Crim.P. 572
- (b) Fourteen days to move for discovery under Pa.R.Crim.P. 573
- (c) Thirty days to file and serve an Omnibus Pretrial Motion for Relief under Pa.R.Crim.P. 579, including a Motion to Suppress Evidence under Pa.R.Crim.P. 581.

\_\_\_\_\_ I understand my right to be represented by counsel.

\_\_\_\_\_ I understand that if I am not able to afford to hire an attorney, that one will be appointed to represent me free of charge if I am financially eligible.

\_\_\_\_\_ I hereby waive my right to appear for arraignment.

**(Each of the above paragraphs must be initialed by Defendant)**

I verify that the facts and information contained herein and provided by me are true and correct. I make this verification subject to the penalties of 18 Pa.C.S. Section 4904 relating to unsworn falsification to authorities.

DATE: \_\_\_\_\_ DEFENDANT: \_\_\_\_\_

I hereby certify that I am the attorney of record for the above Defendant, I am familiar with the charges contained in the Information, and have received a copy of it and waive the reading of the Information.

DATE: \_\_\_\_\_ ATTORNEY: \_\_\_\_\_  
PRINT NAME: \_\_\_\_\_  
ID Number \_\_\_\_\_

WHITE: Clerk of Courts    YELLOW: District Attorney    PINK: Defendant/Attorney    GOLDENROD: Court Admin.