

**THIS FORM MUST BE TYPED OR PRINTED CLEARLY IN ORDER TO WAIVE ARRAIGNMENT
IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY, PENNSYLVANIA
CRIMINAL**

COMMONWEALTH OF PENNSYLVANIA : D.J. DOCKET NO. _____
V. :
_____ : D.J. OFFICE NO. _____
Defendant :
_____ COMMON PLEAS ARRAIGNMENT DATE: _____
_____ :
Address :
_____ COMMON PLEAS TRANSCRIPT NO. _____
Phone Number :
Co-Defendants: _____

**ENTRY OF APPEARANCE AND WAIVER OF ARRAIGNMENT
ENTRY OF APPEARANCE**

TO THE OFFICE OF JUDICIAL SUPPORT
Enter my appearance for the above-named Defendant.

Attorney for Defendant Date

Attorney I.D. Number

Address of Attorney Phone Number

WAIVER OF ARRAIGNMENT

I have been advised by my attorney of my right to be arraigned on the Criminal Information to be filed in this case. I give up my right to be arraigned and I stand mute with respect to my plea.

I have been advised by my attorney of my right to file the following: a written "Request for a Bill of Particulars" which must be served on the District Attorney within seven (7) days after the Common Pleas Arraignment Date in accordance with Pa.R.Crim.P.572; a written motion for "Pre-Trial Discovery and Inspection" within fourteen (14) days after the Common Pleas Arraignment Date, in accordance with Pa.R.Crim.P. 573; and various other written motions within thirty (30) days after the Common Pleas arraignment Date, which are to be filed in one (1) document titled "Omnibus Pre-Trial Motion" in accordance with Pa.R.Crim.P.578.

I WAS FINGERPRINTED ON THESE CHARGES BY _____ on _____, 20____. Agency

I have been advised by my attorney that he or she will receive a copy of the Criminal Information filed in this case and a notice of a Pre-Trial Conference, which I **MUST** attend. **I AGREE THAT MAILING OF THIS NOTICE TO MY ATTORNEY IS NOTICE TO ME OF THE PRE-TRIAL CONFERENCE AND I UNDERSTAND THAT IF I FAIL TO APPEAR, A WARRANT WILL BE ISSUED FOR MY ARREST AND MY BAIL WILL BE REVOKED.**

Signature of Defendant Date

Signature of Attorney Date

ALL OF THE ABOVE INFORMATION, EXCEPT THE COMMON PLEAS TRANSCRIPT NUMBER, MUST BE COMPLETED AND THIS FORM AND THE ATTORNEY'S STAMPED SELF-ADDRESSED ENVELOPE (Postage for at least three (3) ounces of First Class Mail) MUST BE RECEIVED BY THE COURT ADMINISTRATOR AT LEAST FOURTEEN (14) DAYS BEFORE THE SCHEDULED ARRAIGNMENT. Should you have printed this document from the court's website, you MUST timely file the original and five (5) copies of this form with the Criminal Court Administrator otherwise, the waiver will be rejected.

TO: DEFENSE ATTORNEY
This case has been assigned to Judge _____

A Pre-Trial Conference is scheduled for _____, 20____, at _____ A.M.
You must promptly notify the Defendant of this pre-trial conference.

FOR COURT ADMINISTRATOR'S OFFICE ONLY

WAIVER ACCEPTED: _____ WAIVER REJECTED: _____
Date Initials