

**IN THE SUPERIOR COURT OF ATHENS-CLARKE COUNTY  
STATE OF GEORGIA**

State of Georgia vs. \_\_\_\_\_ Case Number SU \_\_\_\_\_ CR \_\_\_\_\_

**WAIVER OF FORMAL ARRAIGNMENT AND ENTRY OF NOT GUILTY PLEA**

**Attorney for the Defendant must initial each section:**

\_\_\_\_\_ Hereby enters an appearance as Attorney for the Defendant.

\_\_\_\_\_ Has read and explained all charges listed in the accusation/indictment to the Defendant, waives formal arraignment on the accusation/indictment, and requests to be excused from appearing at the scheduled arraignment.

\_\_\_\_\_ Understands that all motions must be filed within ten (10) days of the scheduled arraignment date.

\_\_\_\_\_ Acknowledges that the District Attorney's Office maintains an "open door" and "open file" policy and that it is Counsel's responsibility to ensure the receipt of discovery.

**Defendant OR attorney on behalf of the Defendant must initial each section:**

\_\_\_\_\_ Acknowledges that his/her attorney has read and explained the charges listed in the accusation/indictment in this case, waives formal arraignment, and requests to be excused from attending the scheduled arraignment.

\_\_\_\_\_ Enters a not guilty plea to each charge in the accusation/indictment and demands a trial by jury.

\_\_\_\_\_ Understands that it is his/her responsibility to maintain a good mailing address on record with the Clerk of Court and that if that mailing address changes, the Defendant and/or attorney must file a change of address with the Clerk of Court. The Defendant verifies that his/her current mailing address is listed below.

\_\_\_\_\_ Understands that any unexcused failure to appear at any hearing, trial or other scheduled court date could result in a bench warrant being issued for his/her arrest.

\_\_\_\_\_  
Signature of Defendant                      Date

\_\_\_\_\_  
Signature of Attorney for Defendant                      Date

\_\_\_\_\_  
Defendant's Name Printed

\_\_\_\_\_  
Attorney's Name Printed

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

(     ) \_\_\_\_\_  
Phone Number

(     ) \_\_\_\_\_  
Phone Number

Bar Number: \_\_\_\_\_