

IN THE STATE COURT OF EFFINGHAM COUNTY, GEORGIA

STATE OF GEORGIA,

vs.

CRIMINAL CASE NO.: _____

Defendant.

WAIVER OF ARRAIGNMENT AND PLEA OF NOT GUILTY

Defendant hereby acknowledges service of notice of arraignment in the above criminal action. After being fully advised of the right to formal arraignment, to the reading of the charges, and to be present at formal arraignment in this case, by the execution of this document, Defendant, individually, and by and through counsel, freely, voluntarily, knowingly, and intelligently:

- 1) Acknowledges that counsel has read and explained the charge(s) contained in the above criminal action;
- 2) Acknowledges that Defendant understands the charge (s) against Defendant and the rights aforesaid;
- 3) WAIVES the right to be formally arraigned in open court;
- 4) PLEADS NOT GUILTY to the charge(s) contained in the above criminal action; and
- 5) SELECT ONE: Demands a **jury** trial _____ OR Demands a **bench** trial _____.

Further, Defendant, individually, and by and through counsel:

OR

_____(Initial) **OPTS IN** to Statutory Criminal Discovery provisions contained in O.C.G.A. 17-16-1, etseq.

_____(Initial) **OPTS OUT** of Statutory Criminal Discovery provisions contained in O.C.G.A. 17-16-1, etseq.

Further, Defendant and counsel, hereby acknowledge that the above criminal action is scheduled for the following court appearances:

- 1) **All pretrial motions shall be filed with the Clerk of State Court of Effingham County and served upon the presiding judge; and**
- 2) **The Defendant has been given a copy of this Waiver of Arraignment and Plea of Not Guilty.**
- 3) **The Defendant acknowledges that he/she MUST keep the attorney of record informed of accurate and current contact information.**
- 4) **The Defendant hereby waives any appeal arguments based on their election of Waiver of Arraignment.**

This _____ day of _____, 20____.

Attorney for Defendant, State Bar No.: _____

Name, address, and phone number counsel: _____

NOTE TO ALL DEFENDANTS AND ATTORNEYS:

- The Defendant's Attorney **must sign said waiver of arraignment** and plea of not guilty.
- A case number **MUST** be included on this Waiver. The **waiver cannot be presented** to the court for approval until an Indictment/Special Presentment/Accusation has been filed with the Clerk of State Court in said case.
- This **form must be completed accurately in every particular PRIOR TO ARRAIGNMENT** before same is considered waived. **If there are failures on same, the Defendant and Attorney must attend arraignment.**
- An **original of this waiver must be filed with the Clerk of State Court of Effingham County and a copy served upon the presiding State Court Judge** before arraignment is considered waived.

I acknowledge review of the above with my client. I have previously consulted satisfactorily with the Defendant, have explained Defendant's statutory and constitutional rights, and have advised Defendant of the nature of the charge(s). I am/will file the original of this form with the appropriate clerk and serve a copy of this form upon the presiding judge.

NOTE: A waiver of arraignment will only be accepted if presented to the Court at least two days prior to the scheduled arraignment date.

This _____ day of _____, 20____.

Attorney for Defendant