

COMMONWEALTH OF PENNSYLVANIA : IN THE COURT OF COMMON PLEAS  
VS : SUSQUEHANNA COUNTY, PA  
: NO.

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**Waiver of Arraignment**

**Part I**

**ACKNOWLEDGMENT OF DEFENDANT**

I, \_\_\_\_\_, hereby acknowledge the following:

- (1) I understand the nature of the charges against me and hereby acknowledge receipt of the information filed in this matter.
- (2) I understand that I have the right to be represented by an attorney **and may not waive my appearance at arraignment if I do not have an attorney;**
- (3) I understand that I have the right to file motions, which includes the right to file the following: (I) a Request for a Bill of Particulars, which may be filed within seven (7) days following the date arraignment is scheduled; (ii) a Motion for Pretrial Discovery and Inspection, which may be filed within fourteen (14) days following the date arraignment is scheduled; (iii) an Omnibus Pretrial Motion, which may be filed within thirty (30) days following the date arraignment is scheduled.
- (4) I waive my right to appear for arraignment on \_\_\_\_\_.

**I hereby enter a plea of NOT GUILTY to any and all charges in this case.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEFENDANT'S SIGNATURE

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**Part II**

**ACKNOWLEDGMENT OF COUNSEL**

I hereby acknowledge the following:

- (1) The defendant understands the nature of the charges;

- (2) The defendant understands the rights and requirements of Rule 571 (b) of the Pennsylvania Rules of Criminal Procedure;
- (3) The defendant waives his right to appear for arraignment.

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DATE

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ATTORNEY'S SIGNATURE

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SUPREME COURT ID#

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ATTORNEY PRINT NAME

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ADDRESS

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VS

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**ENTRY OF APPEARANCE**

I, \_\_\_\_\_, hereby enter my appearance for the defendant.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ATTORNEY'S SIGNATURE

\_\_\_\_\_  
SUPREME COURT ID#

\_\_\_\_\_  
ATTORNEY PRINT NAME

\_\_\_\_\_  
ADDRESS

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