

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

State of Georgia vs. _____ Case Number ST _____ CR _____

WAIVER OF FORMAL ARRAIGNMENT AND ENTRY OF NOT GUILTY PLEA

Attorney for the Defendant in the above-styled case (Attorney must initial each section):

- Hereby enters his/her appearance as Attorney for the Defendant.
- Has read and explained all charges listed in the Accusation to the Defendant, waives formal arraignment on the accusation, and requests to be excused from appearing at the scheduled arraignment.
- Has contacted the prosecuting attorney in the Solicitor-General's Office handling the arraignment, has been advised of the State's plea offer, and has informed the Defendant of the State's plea offer (**If applicable**).
- Understands that all motions must be filed within ten (10) days of the scheduled arraignment date.
- Acknowledges that the Solicitor-General's Office maintains an "open door" and "open file" policy and that in requesting to be excused from arraignment, it is Counsel's responsibility to ensure the receipt of discovery.

Defendant in the above-styled case (Defendant must initial each section):

- Acknowledges that his/her attorney has read and explained the charges listed in the accusation 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 and demands a trial by jury.
- Has been informed by his/her attorney of the plea offer that has been made by the State (**If applicable**).
- 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 his/her 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 his/her 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: _____		

**Please file the original with the Clerk of State Court and email a copy to the Solicitor-General
William.Fleenor@accgov.com & Jillian.Maloney@accgov.com**