

**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