

YOU MUST BE REPRESENTED BY COUNSEL TO WAIVE ARRAIGNMENT(Pa. Rule of Criminal Procedure 571 (D))

IN THE COURT OF COMMON PLEAS OF BERKS COUNTY, PENNSYLVANIA - CRIMINAL

COMMONWEALTH OF PENNSYLVANIA : OTN: _____
 VS :
 _____ : CP-06-CR- _____
 Defendant : (if known)
 _____ : C.P. Original Arraignment Date: _____
 : Case Disposition Date/Time: _____
 Address : **Defendant must appear on Disposition Date**
 _____ : Trial Date/Time: _____
 Phone Number : (If applicable)

ENTRY OF APPEARANCE

Enter my appearance for the above-named Defendant.

INTERPRETER NEEDED

 Attorney for Defendant Date Attorney I.D. #

 Address of Attorney Attorney Phone #

 Email Address of Attorney

WAIVER OF ARRAIGNMENT

I hereby waive my appearance at arraignment and I stand mute with respect to my plea. I have been advised by my attorney of the charges against me and that my attorney will receive copies of the Criminal Information filed in this case. I know I have the right:

1. to file a request in writing for a Bill of Particulars with the Clerk of Courts and a copy to be served on the District Attorney within seven (7) days following the above listed arraignment date (Pa. Rule of Criminal Procedure 572);
2. to file a motion with the Court in writing, requesting pretrial Discovery and Inspection and a copy to be served on the District Attorney within fourteen (14) days after the above listed arraignment date (Pa. Rule of Criminal Procedure 573);
3. to file Omnibus motion with the Court in writing requesting all other kinds of pretrial relief and a copy to be served on the District Attorney within thirty (30) days after the above listed arraignment date (Pa. Rule of Criminal Procedure 578 & 579).

THE TIME LIMITS SET FORTH TO EXERCISE THESE RIGHTS WILL BE STRICTLY ENFORCED!

4. If I fail to appear without cause at any proceeding for which my presence is required, including trial, my absence may be deemed a waiver of the right to be present, and the proceeding may be conducted in my absence.

I am hereby notified that, as a condition of bail, I am required to notify in writing the Clerk of Courts office, the District Attorney's office, and the County bail agency of any change of address and/or telephone number within forty-eight (48) hours after any change by mail or delivering in person said notice to each of the above (Pa. Rule of Criminal Procedure 117).

I must appear in Court on the above dates and times before Judge _____, in courtroom as posted in Courthouse or Services Center lobby. **IF I FAIL TO APPEAR ON MY CASE DISPOSITION DATE AND TIME, A BENCH WARRANT WILL BE ISSUED FOR MY ARREST.**

 Signature of Defendant Date Signature of Attorney Date

ALL OF THE ABOVE INFORMATION MUST BE COMPLETED. THIS FORM AND FIVE (5) COPIES MUST BE RECEIVED BY COURT ADMINISTRATION AT LEAST THREE (3) BUSINESS DAYS BEFORE THE SCHEDULED ARRAIGNMENT DATE. THIS FORM SHALL BE MAILED OR HAND-DELIVERED TO COURT ADMINISTRATION. IF MAILED, PLEASE PROVIDE A SELF-ADDRESSED STAMPED ENVELOPE FOR ATTORNEY'S RETURNED COPY.

Address: Court Administration
 4th Floor – Services Center
 633 Court St., Reading, PA 19601
 Phone No.: (610) 478-6208 x5715 or x5719

FOR COURT ADMINISTRATION OFFICE ONLY
WAIVER ACCEPTED _____/REJECTED _____
Date _____ Initials _____