

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

STATE OF GEORGIA,

v.

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*

INDICTMENT/ACCUSATION

NUMBER: _____

Defendant.

WAIVER OF ARRAIGNMENT

The Defendant named above does hereby waive formal arraignment and his/her right to personally appear at arraignment.

The Defendant does hereby enter a plea of _____ Guilty.

The Defendant is aware that the date that this Waiver of Arraignment is filed with the Clerk of Court initiates the time limits for filing of motions under O.C.G.A. §17-7-110 and USCR 31.1. This document must be filed with the Clerk of Superior Court and RECEIVED by the District Attorney at least 24 hours prior to the date that arraignment has been scheduled to occur. Otherwise, the Defendant and counsel must be present at the scheduled arraignment hearing.

This _____ day of _____, 20_____.

(Printed name of Defendant)

(Signature of Defendant)

(Printed name of Defendant's Counsel)

(Signature of Defendant's Counsel)

(_____) _____
(Telephone number of Defendant's Counsel)

(Mailing address of Defendant's Counsel)

I have this day filed the original with the Clerk of Superior Court and have served a copy of this document upon the District Attorney for the Augusta Judicial Circuit via personal service upon the office **OR** U.S. Mail.

DATE OF SERVICE

ATTORNEY FOR DEFENDANT