

COMMONWEALTH OF PENNSYLVANIA

IN THE COURT OF COMMON PLEAS  
DAUPHIN COUNTY, PENNSYLVANIA

vs.

No. CP-22-CR-\_\_\_\_\_ -20\_\_\_\_\_

OTN: \_\_\_\_\_

\_\_\_\_\_  
(Defendant's name as it appears on criminal complaint)

**WAIVER OF APPEARANCE AT FORMAL ARRAIGNMENT**

Formal Arraignment Date as set by MDJ : \_\_\_\_\_

Assigned Common Pleas Judge: \_\_\_\_\_

**BY SUBMITTING THIS FORM, THE DEFENDANT IS EXCUSED FROM APPEARING ON THE ABOVE FORMAL ARRAIGNMENT DATE BUT MUST APPEAR AS DIRECTED BELOW**

The defendant is hereby notified that he must appear at 8:30 a.m. on \_\_\_\_\_, 20\_\_ in Courtroom No.\_\_\_\_, Dauphin County Courthouse, 101 Market Street, Harrisburg, PA.

[If defense counsel indicates a date other than the predetermined waived arraignment date (PWAD), Rule 600 runs against the defendant for all time after the PWAD. Under no circumstances should the selected date be more than 60 days from the formal arraignment date]

I have been advised of and understand the nature of the charges against me. I hereby enter a plea of NOT GUILTY to the charges and waive my right to appear for Formal Arraignment. I understand that I have the right to counsel. I have been advised and understand that I have the right to file a Request for a Bill of Particulars within 7 days following the Formal Arraignment date; to file a Motion for Pre-Trial Discovery and Inspection from the attorney for the Commonwealth within 14 days following the Formal Arraignment date; to file an Omnibus Pretrial Motion within 30 days following the scheduled Formal Arraignment date. I understand that the attorney for the Commonwealth may file a notice of joinder of offenses or defendants on or before the scheduled Formal Arraignment.

Unless you or your attorney notifies the District Attorney and the Clerk of Courts of a change of address in writing, notices for all future court appearances will be mailed to you at the address you provide below.

Defendant's permanent mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If defendant is incarcerated, identify which prison? \_\_\_\_\_

\_\_\_\_\_  
Defendant's Signature Date Signed Defendant's Telephone Number

\_\_\_\_\_  
Attorney's Signature Date Signed Attorney's Telephone Number

\_\_\_\_\_  
Attorney's Name Printed Attorney ID No. \_\_\_\_\_