

COURT OF COMMON PLEAS OF BUCKS COUNTY
CRIMINAL DIVISION

CRIMINAL COURT

Commonwealth of Pennsylvania

vs

CP-09-CR- _____ - _____

MDJ 07- ____ - ____ -CR- _____ - _____

OTN NO: _____

TO THE CLERK OF COURTS
CRIMINAL DIVISION, Bucks County, Pennsylvania

Enter my appearance for _____ in the above stated case.

Attorney's State I.D. No. _____

Pre-Trial Discovery Request

By checking this box, I am requesting that the District Attorney's Office provide me Pretrial Discovery pursuant to PA Rule of Criminal Procedure 573(B).

(If I do not check this box, I understand that I am required to file a separate request for pretrial discovery)

Attorney's Name

Attorney's Address

Certificate of Compliance

Pursuant to Bucks County Administrative Order 88, I certify that this filing complies with the provisions of the *Public Access Policy of the Unified Judicial System of PA: Case Records of the Appellate and Trial Courts* that require filing confidential information and documents differently than non-confidential information and documents.

Phone number (This must be a number that is answered/monitored to insure that you will respond forthwith to any calls from the court, if requested)

Attorney's Signature for Appearance

*Pursuant to PA Rule of Criminal Procedure 114(B)(3)(c)(i) electronic service is requested.

Attorney's Email Address

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I, _____ being fully aware of the charge(s) against me and being advised of my rights and upon the advice of Counsel, hereby WAIVE ARRAIGNMENT and enter a plea of (Guilty) (Not Guilty). We reserve the right to object to defects in the Bill of Information at the time of trial.

Defendant signature: _____

Attorney signature: _____

Date: _____ 20 _____

Original to be filed with the Clerk of Courts and a Copy with the District Attorney