

COURT OF COMMON PLEAS OF BUCKS COUNTY
CRIMINAL DIVISION



CRIMINAL COURT

Commonwealth of Pennsylvania
Vs

Common Pleas CASE NO: _____

District Court NO: 07_____

Arraignment Date: _____

District Court CR NO: . _____

Trial Date: _____

OTN NO: _____

Charge: _____

Enter my appearance for _____ in the above stated case.

TO THE CLERK OF COURTS
CRIMINAL DIVISION

Attorney's State I.D. No.

Bucks County, Pennsylvania

Attorney's Name

(check one)

_____ Privately Retained

Attorney's Address

_____ Public Defender

Attorney's Phone Number

_____ Court Appointed

I, _____ being fully aware of the charge 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: _____

Attorney: _____

Date: _____ 20_____