CAUSE NO._____

THE STATE OF TEXAS	§	**COUNTY COURT AT LAW**
VS.	§	**IN AND FOR**
_____	§	**SMITH COUNTY, TEXAS**

Offense: _____

Arraignment Date: _____

WAIVER OF ARRAIGNMENT

On this the _____ day of _____, 20____, comes the Defendant and Counsel, and would show the Court that the Defendant named above has heretofore been charged by Information in the above cause of action, in the County Court at Law, Smith County, Texas and the Defendant is entitled to be arraigned in open Court in this case. At this time the Defendant's name as set forth in the Information is correctly spelled. Therefore the Defendant by and through his attorney waive arraignment to time of trial and counsel enters this waiver as his/her appearance. Defendant pleads not guilty.

_____
Attorney for Defendant
[print name]

_____
Defendant's Signature

_____
Attorney Signature

_____

_____
Bar Card Number

_____
Defendant's Current Address

_____

_____
Address

_____
Telephone Number

_____
Facsimile

This form may not be faxed; must be completely filled out before the court can receive waiver and must be filed at least 24 hours before arraignment.