CAUSE NUMBER _____

THE STATE OF TEXAS	X	IN THE COUNTY COURT
VS.	X	AT LAW NUMBER TWO
_____	X	SMITH COUNTY, TEXAS

Hereinafter referred to as Defendant

Date of Birth _____

WAIVER OF ARRAIGNMENT TO TIME OF TRIAL

Comes the Defendant in the above numbered and styled cause, and Counsel would show the Court that both the Defendant and said attorney have full knowledge that the Defendant named above has heretofore been charged by Information in the above cause of action, in the County Court at Law #2 of 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**. The Defendant and attorney hereby **Waive Arraignment** to time of trial and enter this waiver as their appearance Defendant pleads NOT GUILTY and the

DEFENDANT IS SET FOR ARRAIGNMENT ON _____

_____ _____

Defendant's Signature Date

If there is no signature by the Defendant, the Defendant's attorney, whose signature is below hereby certifies to the Court that they represent the Defendant in the above numbered and styled cause and has full power and authority, from the Defendant, to waive arraignment.

_____ _____ _____

Attorney for the Defendant (signature) Date Attorney's PRINTED Name

☐ Please check this box if an **INTERPRETER** is required for the Defendant at subsequent hearings.

ORDER

On this date the waiver of Defendant and attorney of record of arraignment to time of trial was duly filed, and hereby approved for all purposes of this cause.

Rendered and signed this date _____

_____

Randall Lee Rogers, Judge
County Court at Law Number 2
Smith County, Texas

NOTE: THIS FORM MAY BE FAXED (903)590-1608, BUT MUST BE RECEIVED BY THE COURT BY 10:00AM, ONE DAY PRIOR TO THE DATE OF ARRAIGNMENT.
THE ORIGINAL WAIVER MUST BE FILED IN WITH THE SMITH COUNTY CLERK.