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 _____ 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/her attorney waive arraignment to time of trial and counsel enters this waiver as his/her appearance. Defendant pleads not guilty.

_____
Attorney for Defendant
[printed name]

_____
Defendant's Signature

_____
Attorney Signature

_____
Bar Card Number

_____
Defendant's Current Address

_____

My client does not speak English
Interpreting services are needed in this cause.
- ☐ Spanish
- ☐ Other: _____

_____
Address

_____
E-Mail 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 as least 24 hours before arraignment.