

CAUSE NUMBER _____

THE STATE OF TEXAS

§

IN THE COUNTY COURT

VS.

§

AT LAW #3

§

SMITH COUNTY, TEXAS

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 #3 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.

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)

Attorney's PRINTED name

Date

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

ORDER

Rendered and signed this date

**Clay White, Judge
County Court at Law #3
Smith County, Texas**

**NOTE: THIS FORM MAY BE FAXED TO 903-590-1696, BUT MUST BE RECEIVED BY THE COURT BY 10:00AM, ONE DAY PRIOR TO THE DATE OF ARRAIGNMENT.
THE ORIGINAL WAIVER MUST BE FILED WITH THE SMITH COUNTY CLERK.**