

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ Santa Cruz 701 Ocean Street, Room 120 Santa Cruz, CA 95060	
PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT:	
WAIVER OF ARRAIGNMENT	CASE NUMBER:

I hereby acknowledge that I have been advised of the charges on this case and that the prosecuting agency has made, or will make accessible, copies of the police report pursuant to Penal Code Section 1430. I acknowledge that said complaint charges the violation sections as follows:

1. (List Charge):
2. (List Charge):
3. (List Charge):
4. (List Charge):

NOT GUILTY PLEA

I hereby waive formal arraignment, advisement of constitutional rights and reading of the charges.

Plea NOT GUILTY to the charge(s) set forth above.

I understand that by my plea of "NOT GUILTY" I am entitled to a trial by COURT, that is, to the hearing of my case by a judge who shall thereafter render a decision of "GUILTY" or "NOT GUILTY."

I hereby waive statutory time for trial (45 days).

Dated: _____

_____ Defendant's Signature