STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY

WAIVER OF ARRAIGNMENT AND ELECTION TO STAND MUTE OR ENTER NOT GUILTY PLEA

CASE NO. and JUDGE

| URI | |
|-------|--|
| | |
| 8.41 | |
| IVII- | |

Court telephone no.

| THE PEOPLE OF | | Defendant's name, address, and tel | ephone no. |
|-------------------------|---|------------------------------------|------------|
| ☐ The State of Michigan | v | | |
| | | CTN/TCN | SID |

The defendant and the attorney for the defendant acknowledge that

- 1. we have received a copy of the information and/or supplemental information filed in this case.
- 2. the defendant has read the information(s), or had it read or explained to him/her.

Court address

- 3. we each understand the substance of the charge(s).
- 4. the defendant waives arraignment in open court.

 \Box stands mute to the charge(s) and requests the court to

| Defendant's attorney signature Bar no. | Defendant's signature | | | |
|---|--------------------------------|--|--|--|
| Attorney name (type or print) | Address | | | |
| Address | City, state, zip Telephone no. | | | |
| City, state, zip Telephone no. | | | | |
| Name of person with whom defendant resides, and relationship | Defendant's employer | | | |
| ENTRY | OF PLEA | | | |
| A plea of not guilty is entered on behalf of the defendant. Bond/Bail is continued. | | | | |

Judge signature and date

Distribute form to: Court Defendant Defendant attorney