**IN THE SUPERIOR COURT OF WHITE COUNTY**

**STATE OF GEORGIA**

**STATE OF GEORGIA CASE #**

 **VS.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRO – SE ANSWER TO CRIMNAL ARRAIGNMENT CALENDAR CALL**

**I understand that by completing the below without first seeking the advice of counsel is highly unadvisable.**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print your name)**

 **(please initial one)**

**\_\_\_\_\_\_\_\_\_\_ A. Waive Arraignment and enter a plea of not guilty;**

**\_\_\_\_\_\_\_\_\_\_ B. Waive Arraignment and want to set a date to enter a plea of guilty; or**

**\_\_\_\_\_\_\_\_\_\_ C. I wish to have the formal charges read to me and will appear at for such and I will be prepared to enter my plea to the charges at that time. I understand that should I fail to appear at that hearing and fail to enter my plea, a bench warrant may be issued for my arrest and any bond forfeited.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature)**

**I understand that I will receive notice of when to return to either enter my plea of guilty or appear for trial. I may be reached at the address and phone number below. I understand that if this address and/or phone number should change before I have received my new notice it is MY responsibility to immediately notify the Clerk of Superior Court of County, in writing, at , , Georgia .**

**Address**

**Phone**

**Email address: (if you have one)**

**Alternate Contact name, address and phone number**