

IN THE SUPERIOR COURT FOR THE COUNTY OF COBB

STATE OF GEORGIA

STATE OF GEORGIA

VS.

Indictment Number _____

Defendant

ARRAIGNMENT, PLEA, DISCOVERY ELECTION, AND NOTICE OF HEARING

The defendant (*check one*):

waives formal arraignment

demands formal arraignment

pleads _____ guilty and

demands a copy of the indictment and list of witnesses pursuant to Uniform Superior Court Rule 30.3.

The defendant further (*check if opting-in, leave blank if unrepresented*):

opts-in to reciprocal discovery pursuant to O.C.G.A. § 17-16-1 *et seq.*

Attorney / Defendant's Name

Attorney's Email Address

Street Address

City, State, Zip

Defendant's Email Address

Telephone

HEARING NOTICE

Date: _____ Date: _____ Date: _____

Time: _____ Time: _____ Time: _____

Courtroom: _____ Courtroom: _____ Courtroom: _____

This _____ day of _____, 20_____

Signature of Defense Counsel
Bar Number _____

Signature of Defendant
(not required if attorney waiving)

Signature of District Attorney
(required if waiving before court)

I have this day personally served this document upon the District Attorney.