

**DEFENDANT'S WAIVER OF APPEARANCE AT ARRAIGNMENT  
PURSUANT TO FED. R. CRIM. P. 10**

Effective **December 1, 2002**, Rule 10(b) of the Fed. R. Crim. P. provides for a Defendant to waive his or her appearance at arraignment under the following circumstances:

- (b) **Waiving Appearance.** A defendant need not be present for the arraignment if:
- (1) the defendant has been charged by indictment or misdemeanor information;
  - (2) the defendant, in a written waiver signed by both the defendant and defense counsel, has waived appearance and has affirmed that the defendant received a copy of the indictment or information and that the plea is not guilty; and
  - (3) the court accepts the waiver.

At this time and absent a showing of exceptional circumstances, the U.S. Magistrate Judges for this District have determined to accept waiver of appearance for arraignments on superseding indictments or informations only.

Enclosed is a waiver form which Defendant and counsel for Defendant should execute if, after discussion between counsel and Defendant, Defendant wishes to enter a not guilty plea and waive his or her appearance in court for the arraignment.

Execution of the waiver of appearance by the Defendant **only excuses the defendant's appearance at the arraignment** which will be conducted as scheduled with the appearance by both the Assistant U.S. Attorney and counsel for the Defendant. In order to properly and timely waive appearance, follow these instructions:

**INSTRUCTIONS**

1. The waiver form accompanying this notice must be **COMPLETED** and **SIGNED** by Defendant and counsel for Defendant. A form received by the court from Defendant without counsel's signature may be signed and tendered by counsel at arraignment.
2. Only the waiver form bearing Defendant's **ORIGINAL** signature will be accepted by the Court. **NO FAX COPIES** or **DUPLICATES**. **NO EXCEPTIONS**.
3. Sign the waiver form and mail it in the envelop provided herein. **NOTE:** The executed waiver form must either be presented by counsel at arraignment or the Court holding the arraignment must receive the executed waiver form **NO LATER THAN 24 hours** prior to the arraignment date and time.

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF GEORGIA

UNITED STATES OF AMERICA  
v

CASE NUMBER:  
(SUPERSEDING)

**Defendant's Entry of a PLEA OF NOT GUILTY  
and WAIVER OF APPEARANCE AT ARRAIGNMENT**

I hereby acknowledge that I am the defendant named above and I have received a copy of the superseding indictment or information. I understand I have the right to appear personally at my arraignment pursuant to Rule 43 of the Federal Rules of Criminal Procedure, and that I have the right to have the superseding indictment or information read to me in open court pursuant to Rule 10 of the Federal Rules of Criminal Procedure.

I have discussed the charge(s) in the superseding indictment or information and the waiver of appearance at arraignment with my attorney and I fully understand the nature of the offense(s) charged and my right to appear at arraignment. Understanding my rights, I do hereby freely and voluntarily waive my right to be present at my arraignment on the superseding indictment or information and my right to have it read to me in open court.

As evidenced by my signature below, I do hereby waive formal arraignment and enter my plea of NOT GUILTY to the superseding indictment or information this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE (Attorney for Defendant)

\_\_\_\_\_  
SIGNATURE (Defendant)

**INFORMATION BELOW MUST BE TYPED OR PRINTED**

\_\_\_\_\_  
Name (Attorney for Defendant)

\_\_\_\_\_  
Name (Defendant)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number:

\_\_\_\_\_  
Phone Number:

\_\_\_\_\_  
State Bar of Georgia Number