CAUSE NO.(S) _____

THE STATE OF TEXAS	§	IN THE _____ DISTRICT COURT
VS.	§	OF
_____	§	CORYELL COUNTY, TEXAS

WAIVER OF ARRAIGNMENT, SERVICE AND READING OF INDICTMENT IN CAUSE

COMES NOW, _____, Defendant in the above entitled and numbered cause of action and his attorney of record named below, and files this Waiver of Arraignment.

Said Defendant would show the Court that:

1. Defendant and said attorney have full knowledge that the Defendant has been charged by indictment in this Cause in the District Court, Coryell County, Texas.
2. Defendant fully understands the allegations contained in the indictment.
3. Defendant is fully aware that the Defendant is entitled to be arraigned in open court in this cause but said Defendant and Counsel wish to waive such formal arraignment and the reading of the indictment in this cause.
4. Defendant would further state to the Court that the Defendant's name is correctly set forth and spelled as follows: _____.
5. Defendant and his attorney hereby waive said formal arraignment and reading of the indictment, and enter this waiver as the appearance of said Defendant.
6. Defendant herein enters his plea of "NOT GUILTY" to the offense as charged in the indictment and would ask the Court to enter this waiver for all purposes of arraignment.

SIGNED this the _____ day of _____, 20____.

_____
Attorney for Defendant