

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	WAIVER OF ARRAIGNMENT AND ELECTION TO STAND MUTE OR ENTER NOT GUILTY PLEA	CASE NO. and JUDGE
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ORI _____ Court address _____ Court telephone no. _____
MI- _____

THE PEOPLE OF ☐ The State of Michigan ☐ _____	v	Defendant's name, address, and telephone no. <table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">CTN/TCN</td> <td style="width: 40%;">SID</td> </tr> </table>	CTN/TCN	SID
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.
3. we each understand the substance of the charge(s).
4. the defendant waives arraignment in open court.
5. the defendant ☐ pleads not guilty to the charge(s). ☐ stands mute to the charge(s) and requests the court to enter a plea of not guilty.

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