

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

Street Address

City, State, Zip

Telephone

**YOU WILL RECEIVE NO FURTHER NOTICE.
YOUR FAILURE TO APPEAR WILL RESULT IN
THE ISSUANCE OF A BENCH WARRANT FOR
YOUR ARREST.**

HEARING NOTICE – MUST APPEAR

Calendar Call

Trial

Date: _____

Date: _____

Date: _____

Time: _____

Time: _____

Time: _____

Courtroom: _____

Courtroom: _____

Courtroom: _____

This _____ day of _____, 20____

Signature of Defense Counsel
Bar Number _____

Signature of Defendant

Signature of District Attorney
(*required if waiving before court*)

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

White – CLERK'S OFFICE

Yellow – DISTRICT ATTORNEY

Pink – ATTORNEY

Goldenrod - DEFENDANT