

1 Case No.: \_\_\_\_\_  
Citation No. \_\_\_\_\_

2 **IN THE JUSTICE COURT OF PAHRUMP TOWNSHIP**  
3 **COUNTY OF NYE, STATE OF NEVADA**

4 \* \* \* \* \*

5 THE STATE OF NEVADA,

6 Plaintiff,

7 vs.

**WAIVER OF ARRAIGNMENT**

**AND ENTRY OF NOT GUILTY PLEA**

8 \_\_\_\_\_,  
9 Defendant.

10 I have received a copy of the complaint issued on (date) \_\_\_\_\_.

11 I understand the charge(s) as shown on the complaint. I declare that I wish to waive formal arraignment.

12 I understand that I may plead guilty, not guilty or, in some cases, nolo contendere (no contest) to the charges.

13 I understand I have the following constitutional rights:

- 14 1. I have the right to a speedy trial.
- 15 2. At trial, the State must prove the charge(s) against me beyond a reasonable doubt.
- 16 3. To do this, the State is required to call witnesses. I have the right to confront and cross-examine those witnesses.
- 17 4. I have the right to use the subpoena power of the court to bring in witnesses to testify in my behalf.
- 18 5. I have the right to remain silent. I do not have to make a statement at any time, and, at the time of the trial, I do not have to testify. If I choose not to testify, that fact will not be held against me.
- 19 6. I have the right to an attorney; if I am charged with a serious misdemeanor for which there is a likelihood that I will be sentenced to jail upon conviction, and I cannot afford to hire an attorney, I have the right to have a court-appointed attorney represent me.
- 20 7. I understand that the maximum penalty for a misdemeanor in the State of Nevada is six (6) months jail time and/or a fine of up to \$1,000.

21 I plead NOT GUILTY to the charges on the above complaint.

22 I understand that my \_\_\_\_\_ date/time is \_\_\_\_\_ and that if I do not appear, my bail (if any) may be forfeited and a bench warrant could be issued for my arrest, at the discretion of the court.

23 I understand I must notify the Court if my address and/or telephone number changes.

24 I have read this document, and understand my rights.

25 \_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature

Subscribed and sworn to me this \_\_\_\_ day of

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Deputy Court Clerk or Notary

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