

Case No.: _____
Citation No. _____

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

* * * * *

THE STATE OF NEVADA,

Plaintiff,

vs.

WAIVER OF ARRAIGNMENT

AND ENTRY OF NOT GUILTY PLEA

Defendant.

I have received a copy of the complaint issued on (date) _____.

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

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

I understand I have the following constitutional rights:

1. I have the right to a speedy trial.
2. At trial, the State must prove the charge(s) against me beyond a reasonable doubt.
3. To do this, the State is required to call witnesses. I have the right to confront and cross-examine those witnesses.
4. I have the right to use the subpoena power of the court to bring in witnesses to testify in my behalf.
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.
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.
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.

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

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.

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

I have read this document, and understand my rights.

Dated _____

Signature _____

Subscribed and sworn to me this _____ day of _____

Mailing Address _____

_____, 20____.

City, State, ZIP _____

Deputy Court Clerk or Notary _____

Phone Number _____