**The Family Court of the State of Delaware**

In and For  New Castle County  Kent County  Sussex County

**WAIVER OF ARRAIGNMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **STATE OF DELAWARE** |  | FILE NO(S). |  |
|  |  |  |  |
| **VS.** |  | INCIDENT NO(S). |  |
|  |  |  |  |
|  |  |  |  |

Defendant/Respondent

Pursuant to Family Court Rule 10(d), the undersigned party(ies) does hereby respond to the foregoing Petition(s)/Information(s) as follows:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | I acknowledge that I have been informed of and understand the nature of the accusations made; | | | | | | | | | | | | | | | |
|  |  | | | | | | | |  | | | | | |  | |
| 2. | My arraignment  has not been scheduled | | | | | | | | has been scheduled for | | | | | |  | |
|  | at |  | | | before the Honorable | | |  | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| 3. | I waive the requirement that the charge(s) be read in open court; | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| 4. | I enter a plea of “Not Guilty” or “Not Delinquent”; | | | | | | | | | |  | | | | |  |
|  |  | | | | | | | | | | | | | | | |
| 5. | My current address and telephone number (and that of my custodian, if juvenile respondent) are: | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |  | | |
|  | Address(es): | | | | | | | | | | | |  | Phone Number(s): | | |
|  |  | | | | | | | | | | | |  |  | | |
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|  |  | | | | |  | | | | | | | | | | |
| 6. | Email Address(es): | | | | |  | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| 7. | I request that the case be scheduled for  **Case Review**  **Trial  Mental Health Court** | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| 8. | The Clerk of Court has furnished me with the following date and time for my next appearance: | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
|  | **DATE:** | |  | | | | **TIME:** | | | | |  | | | | |
|  | | | | | | | |  | |  | | | | | | |
|  | | | | | | | |  | |  | | | | | | |
| Defendant/Respondent Print | | | | | | | |  | | Defendant/Respondent Signature | | | | | | |
|  | | | | | | | |  | |  | | | | | | |
| Attorney Print | | | | | | | |  | | Attorney Signature | | | | | | |
|  | | | | | | | |  | |  | | | | | | |
| Parent/Custodian Print | | | | | | | |  | | Parent/Custodian Signature | | | | | | |
| DAte Signed: | | | |  | | | |  | | | | | | | | |