**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): |
|  |       |  |       |
|  |       |  |       |
|  |       |  |       |
|  |       |  |       |
|  |       |  |       |
|  |       |  |       |
|  |  |  |
| 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: |       |  |