

# IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

## ARRAIGNMENT BY PRIOR PLEADING AND ENTRY OF APPEARANCE

ID NUMBER:	CALENDAR DATE:	CALENDAR NO:
DEFENDANT'S NAME:		
ADDRESS - Street:		
City	State	Zip Code
<p>This address is where Defendant will receive additional notices from the Court. Make any appropriate corrections. If Defendant's address changes, DEFENDANT MUST notify the Prothonotary at 255 -0557.</p>		

CRIMINAL ACTION NUMBER	CHARGE DESCRIPTION
Attach Continuation Sheet, if necessary.	

Defendant hereby enters a plea of NOT GUILTY to the charge(s) listed above.

Defendant accepts Notice that Defendant is required to appear at the Superior Court on:

\_\_\_\_\_ at 8:30 a.m./1:45 p.m. for CASE REVIEW .

  

\_\_\_\_\_

Signature of Defendant
Date

Report to Courtroom 4B, New Castle County Courthouse, 500 N. King Street, Wilmington, Delaware.

I CERTIFY that copies of this pleading have been served upon the Defendant, the Attorney General, and the Surety, if any.

  
  

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Attorney of Record (please print)
Signature of Attorney
Date