

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
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.		

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.

Attorney of Record (please print) Signature of Attorney Date