

IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA
CRIMINAL ACTION

COMMONWEALTH OF PENNSYLVANIA

CRIMINAL DOCKET NUMBER:

VS.
Kathleen Kane

6239-15

2015 OCT -2 PM 12:19

THE
COURTS
MONTGOMERY COUNTY
PENNA.

PRAECIPE TO ENTER APPEARANCE

TO THE JUDGES, COURT OF COMMON PLEAS:

Please enter my appearance for the above identified defendant.

Arraignment Date: _____

PRINT NAME AND ADDRESS OF ATTORNEY

Signature of Attorney for Defendant

22703
Attorney I.D. Number (AOPC) Number

Amil MINORA
700 VINE ST
SCRANTON, Pa. 18510

WAIVER OF ARRAIGNMENT

I, _____, hereby acknowledge that I have received notice of the date of my arraignment, and I understand that I may request copies of the "BILL(S) OF INFORMATION" which list the charge(s) against me that will be filed by the District Attorney.

It is my choice to enter a plea of "NOT GUILTY" and to waive my right to appear in court for a formal arraignment on the charge(s) against me.

I have consulted with my attorney and I am aware of my right to file a "REQUEST FOR A BILL OF PARTICULARS" within seven (7) days following the date of my arraignment, and not ordinarily later than that. I am aware that I have a right to file a "MOTION FOR PRETRIAL DISCOVERY AND INSPECTION" within fourteen (14) days following my arraignment date, and ordinarily not later than that. I am aware that I have a right to file various other motions under an "OMNIBUS PRETRIAL MOTION FOR RELIEF," and that such motions must be filed within thirty (30) days after my Arraignment date. I am further aware that if I do not file these motions, in accordance with the "PENNSYLVANIA RULES OF CRIMINAL PROCEDURE," I may jeopardize my right to file them at a later date.

I am aware that my date of arraignment is _____ 20____.

(Date signed)

Signature of Defendant

(Date signed)

Signature of Attorney for Defendant

Original Clerk of Courts
Yellow Copy District Attorney
Pink Copy Defendant/Defense Counsel

(Revised 03/01/2011)