

COURT OF COMMON PLEAS OF BUCKS COUNTY  
CRIMINAL DIVISION

CRIMINAL COURT

Commonwealth of Pennsylvania

vs

CP-09-CR-\_\_\_\_\_ - \_\_\_\_\_

MDJ 07- \_\_\_\_ - \_\_\_\_ -CR- \_\_\_\_\_ - \_\_\_\_\_

OTN NO: \_\_\_\_\_

TO THE CLERK OF COURTS  
CRIMINAL DIVISION, Bucks County, Pennsylvania

Enter my appearance for \_\_\_\_\_ in the above stated case.

**Pre-Trial Discovery Request**

By checking this box, I am requesting that the District Attorney's Office provide me Pretrial Discovery pursuant to PA Rule of Criminal Procedure 573(B).

(If I do not check this box, I understand that I am required to file a separate request for pretrial discovery)

Attorney's State I.D. No. \_\_\_\_\_

\_\_\_\_\_  
Attorney's Name

\_\_\_\_\_  
Attorney's Address

**Certificate of Compliance**

Pursuant to Bucks County Administrative Order 88, I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of PA* that requires filing confidential information and documents differently than non-confidential information and documents.

\_\_\_\_\_  
**Phone number** (This must be a number that is answered/monitored to insure that you will respond forthwith to any calls from the court, if requested)

\_\_\_\_\_  
Attorney's Signature for Appearance

\*Pursuant to PA Rule of Criminal Procedure 114(B)(3)(c)(i) electronic service is requested.

\_\_\_\_\_  
Attorney's Email Address

=====  
I, \_\_\_\_\_ being fully aware of the charge(s) against me and being advised of my rights and upon the advice of Counsel, hereby WAIVE ARRAIGNMENT and enter a plea of (Guilty) (Not Guilty). We reserve the right to object to defects in the Bill of Information at the time of trial.

Defendant signature: \_\_\_\_\_

Attorney signature: \_\_\_\_\_

Date: \_\_\_\_\_ 20 \_\_\_\_\_

\*\*\*Original to be filed with the Clerk of Courts and a Copy with the District Attorney\*\*\*