



Maricopa County Justice Courts, Arizona

ARRAIGNMENT PLEA-DURING A PUBLIC HEALTH EMERGENCY

I, _____ wish to enter the following plea for ticket number _____
(Citation number located in the upper left hand corner)

given to me by Department of Public Safety (DPS) Maricopa County Sheriff's Office (MCSO)
 OTHER AGENCY NAME _____

The date the citation was received: _____

FILL IN THE CHARGE - MARK THE BOX THAT THE OFFICER CHECKED ON YOUR TICKET.
YOU MUST FILL OUT EACH CHARGE THAT APPEARS ON YOUR TICKET.

	CHARGE (SECTION-EXAMPLE 28-701A)	CIVIL TRAFFIC	CRIMINAL	CRIMINAL TRAFFIC	PETTY OFFENSE
A.					
B.					
C.					
D.					
E.					

FOR CIVIL TRAFFIC ONLY

I, _____ plead Responsible for count(s) A B C D E

Name

I have paid the full amount of the responsible fines as indicated in the fine schedule OR

I declare that immediate payment of the full civil fine(s) would constitute an undue economic burden and I will contact the court by phone or email within seven (7) days to arrange a payment plan.

I, _____ plead Not Responsible for count(s) A B C D E

Name

I, _____ want to go to driving school for count A B C D E

Name

I HAVE PROOF OF and am including a copy of:

Insurance Registration License Tint removal Other be specific: _____

Please attach a copy to this form and send with your pleadings by mail or e-mail:

FOR CRIMINAL OR CRIMINAL TRAFFIC OR PETTY OFFENSE ONLY

Criminal Rules of Procedure 14.2(c)(2): **(c) Exception for Limited Jurisdiction Courts.** An arraignment is not necessary if the court permits a defendant to enter a not-guilty plea by mail and to receive notice of a court date by mail. Delivery of the notice is presumed if the notice is deposited in the U.S. mail, addressed to the defendant's last known address, and the notice is not returned to the court.

I, _____ enter a plea of not-guilty. _____
Name Initials

I understand that a Telephonic PreTrial Conference will be scheduled in the near future on this matter and I will receive notice of my court date by mail.

Signature

Date

YOU MUST return this document with your proof, signed and initialed. Please provide the court with your current identification, e-mail, and cell number via the designated court's email address, fax number, or U.S. postal address.

Defendant(s) Name / Address / Email / Phone



Maricopa County Justice Courts, Arizona

STATE OF ARIZONA
vs.

CASE NUMBER: _____

Booking No: _____

WAIVER OF COUNSEL

Defendant(s) Name / Address / Email / Phone

Instructions: The purpose of this form is to notify you of your right to an attorney and the ways in which an attorney can be important to you in your case and also to allow you to give up your rights if you so choose.
READ THE ENTIRE FORM CAREFULLY BEFORE SIGNING.

RIGHT TO AN ATTORNEY

I understand that I am charged with the violation of:

| A. | B. | C. | D. | E. |

Which is a misdemeanor under the law of Arizona and that if I am found guilty I can be given a punishment, including probation, a fine, driver's license suspension, confinement in the Maricopa County Jail, or other penalty.

I understand that under the constitution, of the United States and of the State of Arizona, I have the right to be represented by an attorney at all critical stages of this criminal case, before trial, at the trial itself, and during the proceedings to determine what sentence should be imposed if I am found guilty. I understand that if I am unable to obtain the services of an attorney without incurring substantial hardship to myself or to my family, one may be appointed for me, and part or all of the cost will be paid for me.

In all cases the judge will decide whether you qualify for a court-appointed attorney based upon the both nature of the charge and your financial situation.

I understand that the services of an attorney can be of value in determining whether the charges against me are sufficient as a matter of law, whether the procedures used in investigating the charges and obtaining evidence against me, including any confession I may have made, were lawful, whether an act I have committed actually amounts to the crime of which I am charged, whether I have any other valid defense to the charges, and, if I am found guilty, whether I should be placed on probation, be required to pay a fine, or be sentenced to a jail term. I understand that if I am found guilty of the offense charged, the Court may sentence me to a term in jail even though I have given up my rights to an attorney.

RIGHT TO AN ATTORNEY AT ANY TIME

I understand that I can change my mind about having an attorney at any time by asking the judge to appoint an attorney for me, if I am entitled to an attorney, but I will not be entitled to repeat any part of the case already held without an attorney.

CERTIFICATION OF WAIVER

DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT COMPLETELY OR HAD IT READ TO YOU.
DO NOT SIGN THIS FORM IF YOU WANT AN ATTORNEY. WARNING: If the defendant appears at the next hearing without an attorney, the hearing may still proceed as scheduled.

After reading and understanding all of the above, I give up my right to an attorney in this case, and my right to have an attorney appointed for me if I cannot afford one.

Date: _____
Defendant Signature _____ Interpreter Signature _____

FINDING

After advising the defendant of the dangers and disadvantages of self-representation, the Court finds that the defendant's waiver of counsel is knowing, voluntary and intelligent.

Date: _____
Judicial Officer's Signature _____