ATTORNEY (Name & Address):		FOR COURT USE ONLY
Telephone No.:	Fax No. (Optional):	
E-Mail Address (Optional): ATTORNEY FOR (Name):	Bar No:	
SUPERIOR COURT OF CALIFORNIA, COUN JUSTICE CENTER:	NTY OF ORANGE	
Central - 700 Civic Center Dr. West, Santa Phone: 657-622-7404 FAX: 657-622-8262		
Harbor - 4601 Jamboree Rd., Newport Beach, CA 92660-2595 Phone: 657-622-5481 FAX: 657-622-8027		
 North - 1275 N. Berkeley Ave., P. O. Box 5000, Fullerton, CA 92838-0500 Phone: 657-622-6676 FAX: 657-622-8086/8087 		
West - 8141 13 th Street, Westminster, CA Phone: 657-622-6957 FAX: 657-622-8064		
THE PEOPLE OF THE STATE OF CALIFORNIA		Original Arraignment Date:
VS.		Informal Arraignment Date:
DEFENDANT: INFORMAL ARRAIGN	MENT BY ATTORNEY	
(Telephonic, Counter and Facsimile)		CASE NUMBER:
Telephonic Arraignment	Counter Arraignment	FAX Arraignment
ATTORNEY: I hereby enter my general ap authorized by said defendant AND	opearance in this case on behalf of th	ne above named defendant, as
 Waive formal arraignment and advise to the charges; AND deny all allegatio 		rights and enter a plea of NOT GUILTY
- Request the court set a Pretrial date of AND)
- Jury Trial date of	at 8:30 a.m. (within 35 days from	n date of informal arraignment);
AND		
Defendant was released: Own Reco	gnizance Cite and Release	Bond Posted Cash Bail Posted
I have read Superior Court of California, Correpresentations and agreements set forth t		
Date: Signed (Attorney for Defendant)		
		(Attorney for Defendant)
	FOR COURT USE ONLY	
Informal arraignment approved. Pretrial	l set onat 8:30 a.m. i	in Dept
AND Jury Trial set onat 8:3	30 a.m. in Dept	
Informal arraignment rejected. Reason:		