

IN THE SUPERIOR COURT FOR THE COUNTY OF COBB

STATE OF GEORGIA

STATE OF GEORGIA

VS.

Indictment Number _____

Defendant

ARRAIGNMENT, PLEA & DISCOVERY ELECTION

The defendant (*check one*):

☐ waives formal arraignment

☐ demands formal arraignment

pleads _____ guilty and

demands a copy of the indictment and list of witnesses pursuant to Uniform Superior Court Rule 30.3.

The defendant further (*check if opting-in, leave blank if unrepresented*):

☐ opts-in to reciprocal discovery pursuant to O.C.G.A. § 17-16-1 *et seq.*

Attorney / Defendant's Name

Attorney's Email Address

Street Address

City, State, Zip

Defendant's Email Address

Telephone

This _____ day of _____, 20____

Signature of Defense Counsel

Bar Number _____

Signature of Defendant

(*not required if attorney waiving*)

I have this day personally served this document upon the District Attorney.