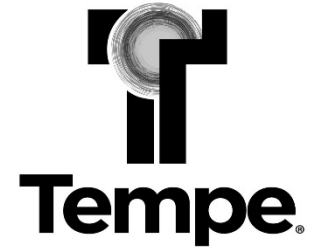


City of Tempe
Municipal Court
Criminal Division
Mail Stop 05-2
140 East 5th Street Suite 200
Tempe, AZ 85281
480-350-8270
480-350-2789-Fax
Court-criminal@tempe.gov
www.tempe.gov/court



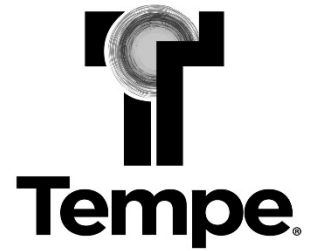
The Court has received your recent correspondence. You stated that it would be a hardship for you to appear at your scheduled arraignment date. Attached is a Plea of Not Guilty by Mail Form. Also enclosed is a summons for an arraignment date. The completed Plea of Not Guilty by Mail Form must be received at the Court at least one day prior to the scheduled arraignment date. Upon receipt of your completed Plea of Not Guilty by Mail Form the arraignment date will be vacated.

After receiving your completed form, we will set your next court date, a Pre-Trial Conference. You must appear for this Pre-Trial Conference date. At the Pre-Trial Conference you will meet with the Prosecutor to discuss your case and possible resolution. You have the following options at the Pre-Trial Conference:

- You can accept the offer from the Prosecutor and plead “guilty” or “no contest” to the charge(s).
- You can reject the offer from the Prosecutor, but still plead “guilty” or “no contest” directly to the Court.
- You can maintain your plea of not guilty and have your case set to a trial.

Please contact the Court if you have any questions.

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WRITTEN WAIVER OF ARRAIGNMENT/REQUEST FOR PRE-TRIAL CONFERENCE

Case Number _____

Name _____

Current mailing address: _____

Read and initial the first three statements below. If you are charged with a DUI and are requesting a court appointed attorney read and initial next to the fourth statement and complete the enclosed financial application.

_____ I hereby waive my right to an initial appearance/arraignment, enter a plea of not guilty and request that this matter be set for a pre-trial conference.

_____ I know I need to appear in person for my pre-trial conference.

_____ I understand that my failure to appear in person for a pre-trial conference may result in a warrant being issued for my arrest.

_____ I have been charged with a violation of driving under the influence of alcohol/drugs. If convicted of this violation, the law requires mandatory jail time. I would like to apply for a Court Appointed Attorney. I have completed the enclosed financial documents. I understand that the Court will review my request and financial application and advise me if I qualify for a Court Appointed Attorney.

Signature: _____

IMPORTANT: This form must be completed, signed, sent to and received by the Tempe Municipal Court before the date set for your initial appearance to avoid a bench warrant being issued for you arrest.

**Tempe Municipal Court
Maricopa County, State of Arizona**

Defendant's Financial Statement (Confidential)

STATE vs. _____ Case number(s) _____
 Defendant last name, first name

INSTRUCTIONS TO THE DEFENDANT: You are to answer the following questions so the Judge can decide whether to appoint an attorney to represent you and/or, if a bond is required, how much it should be, or any other matter relating to indigence. Use care in filling in your answers. **Do not leave any blanks.** If you need more space for any answer, note such and write on the back of the page. If you knowingly give false or misleading information, you may be punished for contempt of court or subjected to prosecution for fraud or perjury.

Full Name _____

Single Married, living w/spouse Married but separated Divorced Widowed Partnered

In addition to yourself, how many other adults do you support? _____ How many children? _____

INCOME

List below in Column 1 the money that you are paid or receive each month. If you are married and are living with your spouse, list below in Column 2 the money that your spouse is paid or receives each month. If you are separated, divorced, widowed, partnered or single, leave Column 2 blank.

	1. Amount Paid to Me Monthly	2. Amount paid to Spouse Monthly
Wages, Salaries, Self-Employment Income	\$	\$
Payroll deductions	\$	\$
Unemployment compensation	\$	\$
Welfare benefits	\$	\$
Disability benefits	\$	\$
Veteran's benefits	\$	\$
Social Security benefits	\$	\$
Worker's compensation	\$	\$
Accident benefits	\$	\$
Retirement benefits	\$	\$
Allotment checks	\$	\$
Interest	\$	\$
Dividends	\$	\$
Child support received	\$	\$
Alimony or maintenance received	\$	\$
Total of any other income received. Source of other income:	\$	\$
TOTAL MONTHLY INCOME	\$	\$

ASSETS**Cash: List below the amounts of cash held or value of:**

Cash on you, your spouse, or in your jail property, and at home	\$
Cash in banks, credit unions, and elsewhere	\$
Cash owed to you or to your spouse by others	\$
Stocks and bonds; insurance policy cash values	\$
Beneficial interest in a trust	\$

Personal Property: List below any valuable personal property you own and have not listed above which is not needed by you or your family for day-to-day living.

Description	\$ Value	\$ Owed	\$ Net Value
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Auto: Complete the following information about any motor vehicles (e.g.: cars, trucks, trailers, boats, airplanes, motorcycles) that you are buying, that you own, or in which you claim to have an interest.

Make, Year and Model	\$ Value	\$ Owed	\$ Net Value
	\$	\$	\$
	\$	\$	\$

Real Estate: Complete the following information about any real property (your home, other land or buildings) that you are buying, that you own, or in which you claim to have an interest.

Location	\$ Value	\$ Owed	\$ Net Value
	\$	\$	\$
	\$	\$	\$
TOTAL AVAILABLE ASSETS:	\$	\$	\$

EXPENSESList below all monthly expenses **not already deducted** from your pay.

Rent or house payment	\$
Total cost of utilities (water, electric, gas, telephone, trash)	\$
Food	\$
Credit card payments	\$
Installment loan payments	\$
Charge account payments	\$
Motor vehicle payments	\$
Union dues	\$
Medical care costs (doctors, dentists, medicine)	\$
Child support and alimony	\$
Cost of baby-sitter	\$
Motor vehicle insurance, maintenance and gas	\$

Do you have any expenses (monthly or otherwise) not shown above? If yes, please list below.

Description	Payment Frequency	Payment Amount
		\$
		\$
		\$
TOTAL MONTHLY EXPENSES:		\$

Are any of your expenses past due? If yes, please list below.

Description	Payment Frequency	Payment Amount
		\$
		\$
		\$

Do you have an attorney to help you with this case? Yes No If yes, what is his/her name? _____ If no, are you planning to hire your own attorney? Yes No

Do you want the Court to appoint an attorney (public defender) to help you with this case? Yes No

How much can you pay as a down payment for attorney fees? \$ _____

How much can you pay each month for attorney fees? \$ _____

Oath under penalty of perjury: I have truthfully and completely given the information in this statement. I have not knowingly concealed, or in any way misrepresented, my financial resources. I am aware that I may be held in contempt of court, or prosecuted for perjury if I have made any false statements or misrepresentation, or concealment, or if I continue to accept the services of a court appointed attorney after my financial condition has materially changed without notifying my court appointed attorney. In any such case, I understand that this application may be used against me.

I hereby make these representations under **PENALTY OF PERJURY**.

Date

Defendant Signature

Witnessed By

Defendant's Social Security Number

Cell phone # _____ Email address _____

NOTICE

By providing your cell phone number you are granting permission to receive texts and other communication regarding court dates, pending payments and other relevant information about your case(s). Normal text and SMS rates apply. Please contact the court should you desire to opt out of this service.

CLIENT INFORMATION

The City of Tempe has retained a private attorney to represent you in this case. To assist in this representation, please complete the following form. **This is to be completed and returned to the clerk before you leave the Courtroom.**

Please print

Client name: _____

Mailing Address [where you want and can receive case related material]:

_____ Apt# _____

City: _____ State: _____ Zip: _____

Cell: _____ Home _____ E-Mail _____

Employer (if any) _____ School (if any) _____

Contacts (if any):

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Comments [**non-confidential information** you want your attorney to know when he initially reviews your case]:

Return Completed Form to Courtroom Clerk
court-criminal@tempe.gov