ATTORNEY (Name & Address):		FOR COURT USE ONLY
Tolophono No :	Fax No. (Optional):	
Telephone No.: E-Mail Address (Optional): ATTORNEY FOR <i>(Name):</i>	Bar No:	
SUPERIOR COURT OF CALIFORNIA, C		
JUSTICE CENTER:		
Phone: 657-622-7404 FAX: 657-622-	rt Beach, CA 92660-2595	
Phone: 657-622-5481 FAX: 949-474-1410 North - 1275 N. Berkeley Ave., P. O. Box 5000, Fullerton, CA 92838-0500 Phone: 657-622-6676 FAX: 714-525-1034		
Phone: 657-622-6676 FAX: 714-525-	, CA 92683-4593	
THE PEOPLE OF THE STATE OF CALIFORNIA		Original Arraignment Date:
VS.		Informal Arraignment Date:
DEFENDANT:		
	IGNMENT BY ATTORNEY Counter and Facsimile)	CASE NUMBER:
Telephonic Arraignment	Counter Arraignment	FAX Arraignment
ATTORNEY: I hereby enter my gener authorized by said defendant AND	ral appearance in this case on behal	f of the above named defendant, as
<ul> <li>Waive formal arraignment and ac to the charges; AND deny all alle</li> </ul>		tory rights and enter a plea of NOT GUILTY
- Request the court set a Pretrial of	date of	AND
- Jury Trial date of at 8:30 a.m. (within 35 days from date of informal arraignment);		
AND		
Defendant was released: 🛛 Own	Recognizance Cite and Release	se 🗌 Bond Posted 🔄 Cash Bail Poste
I have read Superior Court of Californ representations and agreements set		rding informal arraignments and make the ar on the dates as set by the court.
Date:	Signed _	(Attorney for Defendant)
		(Attorney for Defendant)
	FOR COURT USE ONLY	
Informal arraignment approved. P	retrial set on at 8:30	a.m. in Dept
AND Jury Trial set on	_at 8:30 a.m. in Dept	
Informal arraignment rejected. Rea	ason:	
INI	FORMAL ARRAIGNMENT BY ATTO	RNFY
(Approved for Mandatory Use) Form L-1049 (Revised 03/14/2025)		erior Court of California, Orange County Rule 856