

IN THE COURT OF COMMON PLEAS
SUMMIT COUNTY, OHIO

STATE OF OHIO,)	CASE NO. CR _____
)	
Plaintiff,)	MAGISTRATE KANDI S. O'CONNOR
)	
vs.)	
)	
_____)	WAIVER OF PERSONAL
)	APPEARANCE AT ARRAIGNMENT
Defendant.)	DUE TO EMERGENCY
)	

This waiver is before the Court due to COVID-19 having created a public health threat (see Governor DeWine Executive Order 2020-01D; World Health Organization declaration of global pandemic on March 11, 2020; President Donald Trump proclamation of state of emergency for the United States of America on March 13, 2020.) The Summit County Court of Common Pleas addressed the threat of COVID-19 to the public health in Misc. Order 2020-700, filed on March 24, 2020 and the Supreme Court of Ohio by Entry dated March 27, 2020 entitled In Re: Tolling of Time Requirements Imposed by Rules Promulgated by the Supreme Court and Use of Technology.

To protect the public health, by reducing the spread of COVID-19, public gatherings have been limited. This waiver shall reduce the contact necessary to complete the felony arraignment process.

I, _____, am the named Defendant in this case and I acknowledge and agree that:

- (1) I have been served with a copy of the Indictment in this case OR I have viewed a copy of the Indictment and waive service at this time and will be served with the Indictment at a later time.
- (2) My attorney has explained to me the nature and substance of the charge(s) contained in the Indictment, the maximum penalties applicable to the charge(s), and my constitutional rights.
- (3) I understand and agree that counsel other than my appointed counsel may appear in Court for arraignment purposes only.
- (4) I understand that I have the right to personally appear at my arraignment and be personally advised of the charge(s) against me. I also understand that the execution of this Waiver results in a waiver of the right to appear at arraignment.
- (5) I understand that a NO CONTACT order may be in place. I understand and acknowledge that if there is a victim listed in the indictment, that a violation of the NO CONTACT order can and will result in criminal prosecution.
- (6) With this waiver I authorize my attorney or stand in counsel to enter a "Not Guilty" plea on my behalf. Counsel and Defendant will be notified of the Judge assignment and pretrial date and time.

Arraignment Assistant Prosecutor

Defendant's Full Name (PRINTED)

Defendant's Full Name (SIGNATURE)

DATE

Cell Number or email of Defendant:

Attorney for Defendant