

IN THE DISTRICT COURT OF LANCASTER COUNTY, NEBRASKA

STATE OF NEBRASKA,	)	
	)	CASE CR ___ - _____
Plaintiff,	)	
	)	WAIVER OF PRELIMINARY HEARING
v.	)	AND WAIVER OF
	)	PHYSICAL APPEARANCE
_____ ,	)	
	)	
Defendant.	)	

WAIVER: I, the Defendant named in the above-entitled action, understand that I have been ordered to appear for a preliminary hearing as follows: Date: \_\_\_\_\_, Time: \_\_\_\_\_, Courtroom # \_\_\_\_\_. I further understand that I have a right to a preliminary hearing at that time to determine if there is probable cause to believe that I violated the terms and conditions of my probation as alleged in the motion for revocation of my probation filed by the State of Nebraska in this matter. I have discussed this right with counsel and I fully understand my right to such a hearing. I hereby freely, voluntarily, knowingly and intelligently waive the right to a preliminary hearing. I request the court accept my waiver as set forth herein.

TRIAL: I agree to personally appear in this matter for arraignment/trial as follows:

Date: \_\_\_\_\_  
Time: \_\_\_\_\_, \_\_\_\_\_. M.  
Place: Courtroom # \_\_\_\_\_, Judge \_\_\_\_\_  
575 S. 10<sup>th</sup>, Lincoln, NE.

(Counsel shall call the Judge assigned to this case for the hearing date and time prior to execution by the Defendant.)

I understand that my failure to personally appear for trial could result in a bench warrant for my arrest being issued and I could be charged with the crime of *Failure To Appear*.

DATED: \_\_\_\_\_ Defendant's signature: \_\_\_\_\_

STATEMENT OF COUNSEL

I am the Defendant's attorney of record in this matter. I have advised the Defendant of the right to have a Preliminary Hearing in this matter and reviewed this document with the Defendant and have explained its contents. I represent that the Defendant has freely and voluntarily waived the right to a preliminary hearing and knows of the next date s/he is set to appear. I represent that the Defendant signed this waiver.

DATED: \_\_\_\_\_ Attorney's signature: \_\_\_\_\_  
Attorney's Bar #: \_\_\_\_\_

CERTIFICATE OF SERVICE

I hereby certify that a copy of this waiver was served upon \_\_\_\_\_. Deputy Lancaster County Attorney, 575 South 10<sup>th</sup> Street, Lincoln, Nebraska 68508, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Attorney for the Defendant