

**Waiver of First Appearance for Indictable Offenses  
For Attorney Use Only**

In accordance with R. 3:4-2(e), I am requesting a waiver of the first appearance scheduled for my client \_\_\_\_\_ on \_\_\_\_\_  
(client's name) (date of first appearance)  
at \_\_\_\_\_  
(location)

I certify that as of this date \_\_\_\_\_, my client is not incarcerated and that I have:

- 1) Provided my client with a copy of the complaint and have read and explained it to my client;
- 2) Confirmed that my client understands the substance of the charge(s);
- 3) Informed my client of the right to remain silent and any statement may be used against him/her;
- 4) Informed my client of the pretrial intervention program and where and how an application may be made;
- 5) Informed my client of the right to a probable cause hearing, the right to an indictment and right to a jury trial;
- 6) Informed my client that, if applicable, the charge may be tried by the court upon waiver of indictment and trial by jury, if in writing and signed by the defendant.

I understand that my client must appear at the Intake unit of the Criminal Division for an intake interview if required by the court.

I understand that my client must appear at the first appearance unless these requirements are established to the satisfaction of the court.

Attorney Name: \_\_\_\_\_ Complaint#: \_\_\_\_\_

Attorney Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Fax Number: \_\_\_\_\_

\_\_\_\_\_

Client's current address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Date

Original: Court

Copies: County Prosecutor/Attorney General, Criminal Division Manager