

IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA

THE STATE OF NEBRASKA,)	CR _____
)	
Plaintiff,)	
v.)	WAIVER OF PRELIMINARY HEARING
)	
_____)	
)	
Defendant.)	

I, the undersigned Defendant, acknowledge the following:

I understand the English language or have the assistance of an interpreter in my native language and have reviewed this document in its entirety and discussed it with my attorney before signing it.

A preliminary hearing is a hearing where the State must prove an offense has been committed and there is probable cause to believe that I committed the offense. I understand that if I proceed to a preliminary hearing and the State fails to meet its burden, the charges will be dismissed without prejudice.

I have the following rights at a preliminary hearing: the right to have counsel, the right to confront and cross examine my accusers, the right to testify, the right to subpoena witnesses, and the right to remain silent.

By waiving my right to this preliminary hearing, I will not be able to withdraw my waiver nor request a preliminary hearing in the future. My case will be immediately bound over to the District Court of _____ County.

I have not been threatened nor induced to waive my right to a preliminary hearing. I am knowingly, intelligently and voluntarily waiving my right to a preliminary hearing on the charges contained within the complaint.

I acknowledge that the County Court retains jurisdiction of this case until an Order binding the case over to District Court has been issued.

An arraignment date will be scheduled forthwith in the District Court. It is my responsibility to maintain contact with my attorney regarding notice of all future court appearances, as well as, report any change of address to my attorney and to the court by the next regular business day.

If I fail to appear for my arraignment date in the District Court, my posted bond may be forfeited, a warrant may be issued for my arrest, and I may be subject to additional charges.

Date _____ Defendant's signature _____

Address _____

Telephone and email _____

CERTIFICATION OF COUNSEL

I, _____ attorney at law, hereby certify to the Court the

ATTACHMENT "D"

following: I am the attorney of record for the above-named Defendant. I have advised my client of all rights and the possible penalties for the charges filed against him or her. I understand the Court will expect me to notify the Defendant of all court proceedings in this matter. I have provided a signed copy of this waiver to the _____County Attorney’s office.

Date _____ Attorney’s signature: _____
Bar # _____
Address _____
Telephone and email _____

ORDER TO APPEAR

THIS COURT, having reviewed the Waiver of Preliminary hearing executed by the defendant, finds that the waiver is made knowingly, intelligently and voluntarily. The waiver is accepted and the defendant is bound over to District Court on the charges set forth in the Complaint. The defendant is hereby ordered to appear personally for Arraignment on

_____ day of _____, 20____ in courtroom #_____ at _____ a.m.

Bond continues at \$_____, with _____ and a no contact with _____.

County Court Judge