

**SEBASTIAN COUNTY DISTRICT COURT
FORT SMITH DEPARTMENT**

WAIVER OF APPEARANCE AND PLEA OF GUILTY

I, _____, do hereby waive my appearance before the court for the offense charged on citation number: _____. I understand I am waiving my right to enter a plea of not guilty and appear for trial on this matter. I further understand that my signature to this plea of guilty/no contest will have the same force and effect as a judgment of the court, and that this record will be sent to the drivers licensing authority of the State of Arkansas or of the state where I received my license to drive.

I DO HEREBY ENTER A PLEA OF GUILTY/NO CONTEST to said offense(s) as charged:

Please indicate your plea (**circle one**): GUILTY NO CONTEST

Please print your name

Signature

Address

Phone Number

Place of Employment

*****ATTENTION: IF YOU ARE A MINOR*****

IF YOU ARE A MINOR (UNDER 18 YEARS OF AGE) THE COURT MUST OBTAIN THE NAME OF YOUR PARENT OR GUARDIAN. THIS INFORMATION IS REQUIRED. YOUR PLEA WILL NOT BE ACCEPTED WITHOUT IT.

Parent/Guardian Name

Mailing Address