

REQUEST TO WAIVE INTIAL HEARING

STATE OF INDIANA) IN THE FISHERS CITY COURT
)SS:
COUNTY OF HAMILTON) CAUSE #: 29H03-_____

STATE OF INDIANA/CITY OF FISHERS)
)
 vs.)
)
)
)
 _____)
Defendant

REQUEST TO WAIVE INITIAL HEARING

The defendant, by his/her counsel of record, requests to waive the initial hearing and enter a denial of the allegations herein. In support of the request, counsel certifies to the Court:

- 1. Defendant has been advised of the nature of the allegations, the maximum fines, costs and penalties, the minimum fines, costs & penalties, and if required, any mandatory fines or penalties;
- 2. That the Court will set the matter on the Court’s trial docket and is expected to appear in Court for all future Court dates unless notified by the Court or counsel otherwise;

Date: _____
Counsel for Defendant

CERTIFICATE OF SERVICE

I hereby certify that the foregoing has been served upon the following this ____ day of _____, 201__:

For an IF Cause number:

Hamilton County Prosecuting Attorney
One Hamilton County Square, Suite 134
Noblesville IN 46060

For an OV Cause number:

Fishers City Attorney
Church Church Hittle & Antrim
10765 Lantern Road, Suite 201
Fishers, IN 46038-3539

Counsel for Defendant