

ADAMS COUNTY JUSTICE COURT

ARRAIGNMENTS

**\*MUST COMPLETE ENTIRE FORM\***

DATE \_\_\_\_\_

NAME \_\_\_\_\_

**AVOIDING PROCESS WILL RESULT IN A  
BENCH WARRANT FOR YOUR ARREST.**

ADDRESS \_\_\_\_\_

CITY & STATE & ZIP \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SSN# \_\_\_\_\_

CHARGE(S)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you plea *Guilty/ Not Guilty?*

\_\_\_\_\_