

**IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA
CRIMINAL DIVISION**

COMMONWEALTH OF PENNSYLVANIA : Common Pleas No.: CR _____
 : MDJ No.: CR _____
 vs. : OTN No.: _____
 : Revised

Defendant

CRIMINAL CASE SCHEDULING FORM

Charges: _____ Date _____ Complaint _____ Filed: _____

Defense Counsel

Date of Preliminary hearing/waiver

IMPORTANT NOTICE

You and your attorney and/or attorney's representative are required to appear for the following proceedings. These dates may not be changed without leave of Court.

1. Formal Arraignment: _____ 9:00 a.m.; prevailing local time, in Assembly Room, basement, Crawford County Courthouse, Meadville, Pennsylvania. Formal arraignment may be waived, but ONLY if you have an attorney prior to your formal arraignment date.
2. Criminal Call of List: _____ 8:45 a.m., prevailing local time, Courtroom No. 1, Crawford County Courthouse, Meadville, Pennsylvania.

CAUTION: YOU MUST APPEAR AT THE CALL OF THE CRIMINAL TRIAL LIST. IF YOU FAIL TO APPEAR, A BENCH WARRANT WILL BE ISSUED FOR YOUR ARREST.

THE LAST DAY FOR THE COURT TO ACCEPT NEGOTIATED PLEAS (PLEA BARGAINS) IS THE THURSDAY PRIOR TO THE FIRST DAY OF JURY TRIALS. THAT SAME DATE IS THE LAST DAY YOU MAY, WITH THE CONSENT OF THE DISTRICT ATTORNEY'S OFFICE, ASK THE COURT TO ALLOW YOU TO WAIVE YOUR RIGHT TO A JURY TRIAL AND INSTEAD BE TRIED BEFORE A JUDGE.

3. First day of Jury Trials: _____ 8:45 a.m.; prevailing local time; Courtroom No. 1, 2 or 3, Crawford County Courthouse, Meadville, Pennsylvania.

ANY FAILURE TO APPEAR FOR A SCHEDULED COURT APPEARANCE MAY RESULT IN FORFEITURE OF YOUR BAIL BOND AND THE ISSUANCE OF A BENCH WARRANT FOR YOUR ARREST AS WELL AS ADDITIONAL CHARGES OF DEFAULT IN REQUIRED APPEARANCE.

You must, within forty-eight (48) hours of any change of address and/or telephone number, notify the Crawford County Clerk of Courts Office (814-333-7442), the Crawford County Court Administrator's Office (814-333-7498), the Crawford County District Attorney's Office (814-333-7455) and your attorney of any change of address and/or telephone number.

The undersigned hereby acknowledges receipt of a copy of this notice.

Date: _____

Signature of Defendant

Original: Clerk of Courts [White]
Court Administrator [Gold]
District Attorney [Green]
Defense Counsel [Yellow]
Defendant [Pink]
Issuing Authority [Blue]

Signature of Counsel

Signature of Issuing Authority