STATE OF NORTH CAROLINA			→ File No
Rockingham County			In The General Court of Justice ☐ District ☐ Superior Court Division
STATE VERSUS			
Name of Defendant			WAIVER OF COUNSEL
Applicant: (answering this question is optional) Have you ever served in the United States Armed Forces? ☐ Yes ☐ No			
Additional File No. (s) And/0	Or Offense (s)		
ACKNOWLEDGMENT OF RIGHTS AND WAIVER			
statutory punishment for each su assigned to assist me and your rigunderstand and appreciate the collision of the collision o	ich charge, and the na ght to have the assista onsequences of my d y declare that: (check ussigned counsel all assistance of c	ature of the proceedings against me; that I hance of counsel in defending against these decision to waive the right to assigned couns only one) and that I, hereby, expressly waivounsel which includes my right to	
SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME			
Date:		Date:	
Signature:		Signature of Defendant:	
☐ Judge ☐ Clerk of Superior Court ☐ Asst. CSC ☐ Deputy CSC ☐ Magistrate ☐ Notary			
CERTIFICATE OF JUDICIAL OFFICIAL			
charge, and the nature of the proassistance of counsel to represen punishments; that he/she unders intelligently elected in open cour (check only one) 1. Without the assignment of 2. Without the assistance of course	ceeding against the c t him/her in this action stands and appreciate t to be tried in this ac counsel. punsel, which include	defendant and his/her right to have counsel on; that the defendant comprehends the nailes the consequences of his/her decision and cition: s the right to assigned counsel and the right	the nature of and the statutory punishment for each assigned by the court and his/her right to have the ture of the charges and proceedings and the range of that the defendant has voluntarily, knowingly and to assistance of counsel. waiver of all assistance of counsel, both blocks
Date:	Name of Judicial Of	ficial (type or print)	Signature of Judicial Official