

**COURT OF COMMON PLEAS OF LEHIGH COUNTY, PENNSYLVANIA  
CRIMINAL DIVISION**

COMMONWEALTH OF PENNSYLVANIA            )  
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\_\_\_\_\_

Case No. \_\_\_\_\_

**WAIVER OF COUNSEL**

I fully understand that I have the right to be represented by counsel, and the right to free counsel if I cannot afford to hire counsel of my own choice.

I understand that counsel is trained to determine if any possible defenses exist and to determine if any of my rights were violated, and if so, counsel would raise those issues in a timely manner.

I wish to plead guilty (be placed on the ARD program) and am satisfied that I understand the following:

- a. The charges that have been filed against me, including the nature of the charges and the requirements necessary to prove those charges, and;
- b. The possible sentence and/or fines for the offenses charges.

With full understanding of the above, I hereby waive (give up) my right to counsel and voluntarily wish to proceed without being represented by counsel.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(defendant)