

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA COUNTY OF DEL NORTE 450 H STREET CRESCENT CITY, CA 95531	
PLAINTIFF/PETITIONER: _____	
DEFENDANT/RESPONDENT: _____	CASE NUMBER: _____
WAIVER OF TIME	

After having been fully advised of my constitutional rights, and with the full understanding that I am entitled to have my trial within sixty (60) days from the date of the filing of the indictment or information in the Superior Court, I hereby personally waive my right to such trial within the time prescribed, and consent to a trial beyond the statutory time.

Date:

 PRINT NAME OF DEFENDANT

 SIGNATURE OF DEFENDANT

 PRINT NAME OF COUNSEL

 SIGNATURE OF COUNSEL