STATE OF SOUTH CAROLINA	)	IN THE MAGISTRATE/MUNICIPAL COURT OF
COUNTY OF _____	)	_____
CITY OF _____	)	
	)	Ticket No.: _____
	)	Warrant No.: _____
	)	
v.	)	
	)	**WAIVER OF RIGHT TO IN-PERSON COURT APPEARANCE AND CONSENT TO VIDEO/AUDIOCONFERENCING**
_____	)	
DEFENDANT	)	

I, the Defendant, have been advised that I have the legal right to personally appear in the Magistrate/Municipal Court in _____ and I understand this right. I give up and waive this right to personally appear in court and consent to appear in court by use of video/audioconferencing.

I acknowledge that I want to handle the following matter by video/audioconferencing by initialing the type of hearing below:

1.	_____	Bond Hearing	5.	_____	Fugitive Warrant Hearing
2.	_____	Contested Motion	6.	_____	Preliminary Hearing
3.	_____	Guilty Plea and Sentencing	7.	_____	Initial Appearance
4.	_____	Bench Warrant Hearing	8.	_____	Other: _____

I also acknowledge that the outcome or consequence of this matter would be no different if I appeared in person. For example, I acknowledge that I may be required to remain in custody, be released from custody subject to certain conditions, or be sent to the local detention facility to serve an active jail sentence.

By my signature below, I consent to the use of video/audioconferencing in this criminal proceeding. The court will maintain the audio or video recording of this proceeding for a period of sixty (60) days from today's date in all proceedings, except preliminary hearings, which must be maintained for three (3) years, after which the audio or video recording may be destroyed. I have been fully informed of my right to be personally present before the court for this criminal proceeding and, with that knowledge, I freely, knowingly, and voluntarily waive that right. I further acknowledge that I have been given an adequate opportunity to confer privately with my attorney on this decision (if applicable).

Defendant:	Attorney for Defendant/Witness:
_____ (Signature)	_____ (Signature)
_____ (Print Name)	_____ (Print Name)

Defendant's Waiver of Right to Counsel – Check if applicable

☐ I hereby acknowledge that I have been fully informed of my right to counsel and, with that knowledge, I voluntarily waive that right.

_____
Signature of Defendant

_____, 20_____
_____, South Carolina