NOT GUILTY PLEA

| Date: | Citation(s) |
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| , | , wish to enter a plea of NOT GUILTY to the |
| above charge(s) and red | uest a pre-trial conference by phone with the Village Prosecutor. |
| | EASE PRINT MAILING ADDRESS and email required for communication purposes) |
| Name: | |
| Address: | |
| City/State/Z | P: |
| Phone #: | |
| Email addre | ss: |
| Driver's Lice | ense #: |
| Your pre-trial will be hocated at 5043 Chested APPEARANCE. If you blea of Guilty By Defa | eld with the Village Attorney at the Caledonia Municipal Court er Lane, Racine, WI 53402. This will be a MANDATORY COURT u fail to appear, the court will deem your non- appearance as a ult to the charge and enter judgment accordingly. I understand o contact the court if my mailing address changes. |
| Signature | Date |

NOTICE OF YOUR HEARING WILL BE SENT BY MAIL AND TO THE EMAIL ADDRESS PROVIDED ONCE SCHEDULED