

NOT GUILTY PLEA

Date: _____

Citation(s) _____

I, _____, wish to enter a plea of NOT GUILTY to the above charge(s) and request a pre-trial conference. I understand that I am responsible of contacting the court if my mailing address changes.

PLEASE PRINT MAILING ADDRESS
(include PO BOX and apartment number if any)

Name: _____

Address: _____

City/State/ZIP: _____

Phone #: _____

THE DATE OF YOUR PRE-TRIAL WILL BE MAILED TO YOU AFTER YOUR INITIAL APPEARANCE

Your pre-trial will be held with the Village Attorney at the Caledonia Municipal Court located at 5043 Chester Lane, Racine, WI 53402.

I understand that if I mail, fax, or bring this plea form into the Caledonia Municipal Court before my initial court appearance date, I will not have to appear in court until my pre-trial conference with the Village Attorney.

Signature

Date