

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.

PLEASE PRINT MAILING ADDRESS

(include PO BOX and apartment number if any)

Name: _____

Address: _____

City/State/ZIP: _____

Phone #: _____

Social Security #: _____

Driver's License #: _____

THE DATE OF YOUR PRE-TRIAL WILL BE MAILED TO YOU AND WILL BE SCHEDULED 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. Not Guilty Pleas must be made by 5:00 pm the day before your initial appearance. 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. I understand that I am responsible to contact the court if my mailing address changes.

Signature

Date