



---

**MID-MORAINÉ MUNICIPAL COURT**

---

SERVING COMMUNITIES IN WASHINGTON & OZAUKEE COUNTIES

**NOT GUILTY MAILED PLEA**

**\*Please mail or drop off at the address below\***

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/ZIP:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Citation No(s):** \_\_\_\_\_

I, the undersigned Defendant named in the above-referenced citation(s), enter a NOT GUILTY plea to each of the citation/charge(s) and request a Pretrial Conference date.

I understand that I will be found GUILTY of the above-stated citation/charge(s) if I fail to appear for the scheduled pretrial.

I understand that I must notify the court, in writing, within 5 days of any change of my address during the pendency of these cases.

**I understand that if I submit this form prior to the court date, I will NOT have to appear in court for my initial appearance.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Christine E. Ohlis, Municipal Court Judge  
*Administrative Office*

962 W. Paradise Drive, West Bend, WI 53095 | Telephone: 262-334-5700 | Fax: 262-334-7771 | [info@mmmcourt.com](mailto:info@mmmcourt.com)