

 MID-MORAINE MUNICIPAL COURT

SERVING COMMUNITIES IN WASHINGTON & OZAUKEE COUNTIES

**NOT GUILTY PLEA**

**Name**: (**Print**)  **Citation No(s):**

**Address**:

**City/State/ZIP**:

**Date of Birth**:

**Telephone Number**: **Email:**

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 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:**

 **If this box is checked, I consent to email service for correspondence regarding the Pretrial Conference at the email address indicated above.**

R07/21/25