

WESTERN DANE COUNTY JOINT MUNICIPAL COURT

PLEA FORM

NAME: _____

ADDRESS: _____

EMAIL: _____

CELL PHONE #: _____

CITATION(S) #: _____

NAME OF VIOLATION LISTED ON CITATION(S): _____

DATE/TIME LISTED ON CITATION: _____

PLEA - ☐ Guilty ☐ No Contest ☐ Not Guilty

IF PLEADING NOT GUILTY - Your case will be scheduled for a phone pretrial conference with the municipal prosecutor. Notice of the date, time, and phone number will be sent to you.

IF PLEADING GUILTY OR NO CONTEST - Please provide all mitigating circumstances you want the Judge to know about you and this incident. The Judge will consider this information when determining your penalty in the same manner as if you had appeared in court. (Attach additional sheets if necessary.)

IF PLEADING GUILTY OR NO CONTEST, you may pay the amount on the citation by the date/time listed on your citation, OR the Judge will automatically grant you 90 days to pay. If you need longer than 90 days to pay, please state the reasons and the time you need to pay.

Submit this form prior to the date/time listed on your citation.