



# Wisconsin Dells Municipal Court

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300 La Crosse Street  
Wisconsin Dells, WI 53965  
(608) 254-2442  
rrathman@dellscitygov.com

## NOT GUILTY PLEA FORM:

- *I wish to enter a plea of not guilty to the below citations(s). I understand that **NOT GUILTY** means that I am formally denying committing the crime which I am cited or accused of. I understand that if I submit this form to the Municipal Court prior to the court date, I do not need to appear in court until I am notified of a pre-trial conference. I hereby take responsibility for any further proceedings regarding my case.*
- *In the event I fail to appear on the date set for pre-trial conference, I hereby acknowledge the court shall enter a default judgement against me with forfeitures or fines, penalties or other required court costs to be paid in a timely manner.*
- *If charged with an OWI, and if a JURY TRIAL is requested, a Jury Fee of \$36.00 for a 6-person jury, MUST be posted within 10 business days of submission.*

Mailing Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Citation Number(s) and Offense:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby enter a plea of **NOT GUILTY**.  
PRINT NAME HERE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE