Wisconsin Dells Municipal Court

300 La Crosse Street
Wisconsin Dells, WI 53965
(608) 254-2442
ewakefield@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

BL/KT 7/7/26