



Wisconsin Dells Municipal Court

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

PLEA FORM (Please Only Check One Box)

Full Name: _____

Mailing Address: _____

Email: _____

Telephone Number: _____ Date of Birth: _____

Citation Number(s) and Offense:

I, _____, hereby enter my plea of:
PRINT NAME HERE

☐ **GUILTY** -This plea is an admission of guilt of the pending charge(s) listed above. You shall be responsible for any forfeitures, fines and/or penalties.

☐ Request 60 days to pay

☐ Payment will be made within 10 days

Pay Online at: www.citywd.org/municipal-court

☐ **NO CONTEST** -This plea is similar to a guilty plea and is treated as a guilty plea.

If pleading no contest, your plea cannot be used against you in any other court proceeding to prove civil liability. You shall be responsible for any pending forfeitures, fines and/or penalties.

☐ Request 60 days to pay

☐ Payment will be made within 10 days

Pay Online at: www.citywd.org/municipal-court

****NOT GUILTY PLEAS: DO NOT FILL OUT THIS FORM. NOT GUILTY PLEA FORM FOUND ONLINE****

SIGN HERE

DATE