

OPTIONAL PLEA SHEET



Mail To: Hortonville Municipal Court
PO Box 99/531 N. Nash
Hortonville WI 54944

Call: (920) 779-9542 E-mail: courtclerk@vohortonville.com

Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Citation Number(s): _____

Court date on Citation(s): _____

Please DO NOT check more than one choice below (1 – 3):

If you plead guilty or no contest; you will be found guilty. The forfeiture will be imposed in the amount stated on the citation(s).

A dispositional sheet will be sent out in the mail detailing conviction, forfeiture amount owed, and further sanctions ordered by the Court. You will be given 60-days to pay. If you require additional time to pay, you may make a request for a payment plan in writing. All requests for payment plans are subject to approval by the Judge.

1. _____ I hereby enter a plea of GUILTY to the charge stated on the above citation(s) and I **will not be required to** appear in court after you enter this plea.

2. _____ I hereby enter a plea of NO CONTEST to the charge stated on the above citation. You **will not be required to** appear in court after you enter this plea.

3. _____ I hereby enter a plea of not guilty to the charge(s) stated above and request a Pre -Trial conference and Trial date. You **will not be required to appear for your initial appearance.** Notice will be sent to you for a Pre-Trial Conference by mail.

Signature: _____ Date: _____

****PLEASE ENCLOSE ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE WITH THE JUDGE & PROSECUTING ATTORNEY****

THIS SHEET MUST BE RECEIVED BY THE COURT PRIOR TO YOUR COURT DATE. THE CLERK WILL CONTACT YOU TO ACKNOWLEDGE RECEIPT OF THIS DOCUMENT.