Mail To:	Somerset Municipal Court 110 Spring Street PO Box 313 Somerset, WI 54025	
Fax To:	(715) 247-2475	
Email To:	court@villageofsomerset.us	
NAME:		COURT DATE:
Address (inclu	ude city, st & zip):	
Phone:	Email:	
	nber(s):	
Return Plea	Sheet at least 72 hours before your scheduled	d court date.
Please DO	<b>NOT</b> check more than one choice below (	<u>1 – 4):</u>
re	hereby enter a plea of <b>guilty</b> to the charge stated equest time to pay the amount due. You <b>will no</b> nter this plea.	
ar	hereby enter a plea of <b>no contest</b> to the charge s nd request time to pay the amount due. You will ou enter this plea.	
want the cour	rt to consider when imposing the forfeiture, plea	d a forfeiture will be imposed. If you have information you use provide it here:
sanctions ore time to pay.  3 I h Pre- wil	dered by the Court. You will be given 60-day nereby enter a plea of not guilty to the charge(s)	conviction, forfeiture amount owed, and further vs to pay with a hearing date to appear if you need more stated above and request a prosecutor). Pretrials will be held in person and a Notice web submission visit
	appear on <b>your court date</b> , (located at the t	op of your citation). e Village Hall, 110 Spring St, Somerset, WI 54025.
	Signature:	Date:
	See website for explanation of pleas, or	r contact the court office with questions.
Colleen M. H Municipal Co Phone: (715)	ourt Clerk	
This form is	also available as a fillin form online.	Website: villageofsomerset_us/somerset_municipal_court