

---

**PLEA OF NOT GUILTY**

---

***Please print the information below:***

\_\_\_\_\_  
Defendant's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
Email Address

Citation Number(s):

Charge(s):

Court Date(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I wish to enter a plea of "Not Guilty" to the above citation(s). I understand that if I mail or fax this plea so the Court receives it at least five (5) business days before the court date above, I do not have to come to court until the Court notifies me by mail of a new court date. I understand that I may not receive a notice until after the court date above.**

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

***If submitted by defendant's attorney, please complete the following:***

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney's Name (please print)

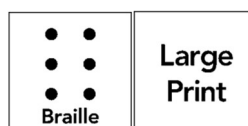
\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Attorney's Bar Number

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
Telephone Number

This material is available in alternative formats for individuals with disabilities upon request. Please contact the ADA Coordinator at [ADACoordinator@milwaukee.gov](mailto:ADACoordinator@milwaukee.gov), (414) 286-3475, TTY: 711. Provide a 72-hour advance notice, 7 days for Braille, to ensure accommodation of request.



**NOT GUILTY PLEA  
FORM SUMMARY**

<b>Purpose of Form:</b>	To enter a plea of not guilty and receive a date for pre-trial.
<b>Accompanying Documents/Information:</b>	None
<b>Payment Required:</b>	\$0.00
<b>How to File the Form:</b>	<p>The original form must be filed with the court. To file the form, you may do one of the following:</p> <ol style="list-style-type: none"><li>(1) Mail the form to: Milwaukee Municipal Court 951 North James Lovell Street Milwaukee, WI 53233-1449</li><li>(2) FAX the form to: (414) 286-3615</li><li>(3) Email the form to: <a href="mailto:municourt@milwaukee.gov">municourt@milwaukee.gov</a></li><li>(4) Bring the form to the court in person (please check court hours before coming to court)</li></ol> <p>Once the form is processed by the court, you will be notified by mail of your new court date.</p>
<b>Deadline for Completion:</b>	Written not guilty pleas must be received at least five (5) business days before the court date listed on your citation.
<b>Additional Instructions:</b>	<p>The following information must be completed on the form before it can be filed with the court:</p> <p><u>Defendant:</u> If this is a case against you, you are the defendant. Fill in your name. THIS INFORMATION IS REQUIRED.</p> <p><u>Address:</u> Fill in your current mailing address. THIS INFORMATION IS REQUIRED.</p> <p><u>Citation Number:</u> Fill in the citation number. The citation number is listed in red print on the top of the ticket. THIS INFORMATION IS REQUIRED. If you cannot find your case number, contact the court.</p>