

**NOT GUILTY PLEA
FORM SUMMARY**

- Purpose of Form:** To enter a plea of not guilty and receive a date for pre-trial (for traffic cases) or trial (for non-traffic cases)
- Accompanying Documents/Information:** None
- Payment Required:** \$0.00
- How to File the Form:** The original form must be filed with the court. To file the form, you may do one of the following:
- (1) Mail the form to: Milwaukee Municipal Court
951 North James Lovell Street
Milwaukee, WI 53233-1449
 - (2) FAX the form to: (414) 286-3615
 - (3) Bring the form to the court in person (please check court hours before coming to court)
- Once the form is processed by the court, you will be notified by mail of your new court date.
- Deadline for Completion:** If you are submitting the plea by mail or FAX, it must be received at least five (5) business days before the court date listed on your citation.
- If you are bringing the form to court in person, the court must receive the form on or before the court date listed on your citation.
- Additional Instructions:** The following information must be completed on the form before it can be filed with the court:
- Defendant: If this is a case against you, fill in your name. THIS INFORMATION IS REQUIRED.
- Address: Fill in your current mailing address. THIS INFORMATION IS REQUIRED.
- Citation Number: 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 can not find your case number, contact the court.

Milwaukee Municipal Court
951 N. James Lovell St
Milwaukee, WI 53233-1449
414-286-3800 / Fax: 414-286-3615



www.municourt.milwaukee.gov

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 that it is received no later than 5 working days before the court date above, I do not have to come to court until I am notified by mail of my new court date. I understand that I will 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 | |

| |
|--|
| <p>For Municipal Court Use Only:</p> <p>Received and Filed by: _____</p> <p>Case Nos.: _____ Intake Branch 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p> |
|--|