

CUDAHY MUNICIPAL COURT PLEA FORM

For use in adult cases only (see age requirement below)

► *Please print clearly. If we cannot read this form, we never got it.*

I, _____, plead
(first name, middle initial, last name)

____ **NOT GUILTY**, and I request an appointment for a pretrial conference with the city attorney.

____ **GUILTY**, and I request 2 months to pay.

____ **NO CONTEST**, and I request 2 months to pay. I understand that I will be found guilty even though I am not admitting guilt.

Citation Number	Violation Charged

Citations not listed are not covered by this plea.

Address _____

City/State/Zip Code _____

Home Phone _____ Alternate Phone _____

Date of Birth _____ Social Security No.* _____

Driver's License Number _____

License plate number(s)* (for parking citations only) _____

Signature _____ Date _____

► **Age Requirement:** If you were under **18** on the date of an alleged truancy offense, or under **17** on the date of any other alleged non-traffic offense, or under **16** on the date of an alleged traffic or parking offense, you **must** appear in court (with a parent) to enter your plea. No written plea will be accepted.

► **Parking Cases:** Once a written plea is received by the court, the amount(s) of the ticket(s) covered by the plea will not increase. **You must list the citation number of each ticket you want this plea to cover.**

*License plate numbers required in parking cases only. Social Security number requested to facilitate collection in the event of nonpayment, and in particular to enable compliance with § 71.935(2), Wis. Stats., to enable participation in the tax refund intercept program, but your response is voluntary pursuant to P.L. 93-579, § 7(a)(1).

CUDAHY MUNICIPAL COURT
5050 S. Lake Dr. (street address)
P.O. Box 100510 (mailing address)
Cudahy, WI 53110-6108

John E. Dobogai III, Municipal Judge
Clerk of court telephone (414) 769-2218
Court fax (414) 769-2259