

Notice of Plea

Mail To: Horicon Joint Municipal Court
220 Ellison Street
Horicon, WI 53032

Fax To: (920) 485-3550

Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Citation Number(s): _____

Court date on Citation(s): _____ Plea Sheet Due One (1) week before scheduled appearance date

Please DO NOT check more than one choice below (1 – 4):

1. _____ I hereby enter a plea of guilty to the charge stated on the above citation(s) and request time to pay the amount due. You **will not** 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 and request time to pay the amount due. You **will not** appear in court after you enter this plea.

If you plead guilty or no contest, you will be found guilty and a forfeiture will be imposed. If you have information you want the court to consider when imposing the forfeiture, please provide it here: _____

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.

3. _____ I hereby enter a plea of not guilty to the charge(s) stated above and request a Pre -Trial conference date. Notice will be sent to you for a Pre-Trial conference by mail to be done via telephone with the Prosecuting Attorney.

4. _____ Or appear on your Court date/time.

Signature: _____ Date: _____

If you have any questions, please contact the Clerk of Court at 920-485-4376