



ASHWAUBENON MUNICIPAL COURT
2155 HOLMGREN WAY
ASHWAUBENON WI 54304
(920)492-2307
court@ashwaubenon.gov

PLEA OF NOT GUILTY

Defendant Name (PRINT)

Date of Birth

Street Address (PRINT)

Telephone Number

Citation Number(s):

Charge(s):

Initial Court Date(s):

I wish to enter a plea of Not Guilty to the citation(s) indicated above. I understand that if I return this plea to the Court, ***before my court date***, in person, via fax, or by mail, I do not have to come to court until notified by mail of my new court date.

Defendant Signature

Date

**YOU WILL BE NOTIFIED OF YOUR NEXT COURT DATE BY MAIL. IT IS
YOUR RESPONSIBILITY TO NOTIFY THIS COURT OF ANY ADDRESS
CHANGE.**