AMERY AREA MUNICIPAL COURT
Plea of Not Guilty -- Traffic or Non-Traffic

Mail to: 104 Maple Street, Suite A, Amery, WI 54001
Fax: (715) 268-4870

Do not use for Operating While Intoxicated (O.M.V.W.I.) or Blood Alcohol Content matters.

Please print the information below:

Defendant's Name: _____

Address: _____
Street Apartment # P.O. Box #

_____
City State ZIP Code

Date of Birth: _____ Telephone: ( ) _____

Violation: _____

Citation Number: _____ Court Date: _____

I wish to enter a plea of Not Guilty to the above citation. I understand that if I mail or fax this plea no later than 10 days before the court date above, I do not have to appear in court until I am notified by mail of my pretrial/trial date. If this is received after my initial appearance and I have failed to appear, I may be found Guilty and have a forfeiture ordered.

_____ _____
Defendant/Attorney Signature Date

Attorney's Bar No.: _____

Attorney's Address: _____
Street Apartment # P.O. Box #

_____
City State ZIP Code

For Municipal Court Use Only:

Date Received: _____

Bond Posted: ❑ Yes ❑ No Case Number: _____

Received and filed by: _____