



Village of Ashwaubenon
Municipal Court

2155 Holmgren Way • Ashwaubenon, WI 54304
P: 920.492.2307
court@ashwaubenon.gov

Municipal Court - Plea of Not Guilty

Defendant Information:

Name _____ <small>(Last, First, Middle)</small>	Date of Birth _____
Street Address _____	Cell Phone # _____
City, State, Zip _____	Home Phone # _____
	Email Address _____

Details of Citation(s)

Please PRINT ALL ANSWERS ON FORM

Citation Number(s):	Charges(s):	Initial Court Date(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I Understand the Following

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 email, 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.**

Please email, drop off, fax or mail to:
Ashwaubenon Municipal Court – 2155 Holmgren Way - Ashwaubenon, WI 54304
Email: court@ashwaubenon.gov Fax: (920)492-2311

For Office Use Only: Date Recieved: _____ Notes: _____