

## PLEA OF NOT GUILTY FORM SUMMARY

**Purpose of Form:** To enter a plea of not guilty and receive a date for pretrial.

**How to File the Form:** The original form must be filed with the court on or before your initial appearance court date. To file the form, you may do one of the following

1. Mail the form to:  
Madison Municipal Court  
210 Martin Luther King, Jr. Blvd.  
Madison, WI 53703-3343
2. Fax: (608) 266-5930
3. Email: [municipalcourt@cityofmadison.com](mailto:municipalcourt@cityofmadison.com)
4. Bring the form to the court in person on or before your court date. (Please check court hours before coming to court.)

- If you mail the form at least ten (10) days before the court date listed on your citation, you do not have to appear in court on that date.
- Once the form is filed with the court, you will be notified by mail of your new court date.

**Additional Instructions:** The following information must be completed on the form before it can be filed with the court:

Defendant's Name: If this is a case against you, fill in your name. THIS INFORMATION IS REQUIRED.

Address: Fill in your current mailing address. THIS INFORMATION IS REQUIRED.

Citation Number: Fill in the citation number. The citation number is listed in red print on the top of the ticket. THIS INFORMATION IS REQUIRED. If you cannot find your citation number, contact the court.

**Madison Municipal Court**  
**210 Martin Luther King Jr. Blvd., Room 203, Madison, WI 53703**  
**PH: (608) 264-9282 FAX: (608) 266-5930**  
**email: municipalcourt@cityofmadison.com**

---

I, \_\_\_\_\_, WISH TO ENTER A PLEA OF NOT GUILTY.

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Citation No(s):** \_\_\_\_\_

**Charge(s):** \_\_\_\_\_

**Initial Court Date:** \_\_\_\_\_

**Today's date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

---

**YOU WILL BE NOTIFIED OF YOUR NEXT COURT DATE BY MAIL.**