

STATE OF WISCONSIN

**CITY OF LAKE GENEVA  
MUNICIPAL COURT  
626 GENEVA STREET  
LAKE GENEVA, WI 53147  
Phone: (262) 248-4651  
Fax: (262) 248-4278**

WALWORTH COUNTY

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**NOT GUILTY PLEA**

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Date: \_\_\_\_\_

Citation #(s) \_\_\_\_\_

The undersigned wishes to enter a plea of NOT GUILTY to the above charge(s) and requests a pre-trial conference.

**PLEASE PRINT MAILING ADDRESS  
(Include PO Box and apartment number if any)**

**Name:** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**THE DATE OF THE PRE-TRIAL WILL BE MAILED TO YOU AFTER  
YOUR INITIAL APPEARANCE DATE.**

If you move, it is your responsibility to notify the court of your new address even if you updated your address with the Department of Motor Vehicles. The court's system is not connected with the Department of Motor Vehicles.

I understand that if I mail, fax, or bring this plea form to the City of Lake Geneva Municipal Court before my initial court appearance date, I will not have to appear at court until my pre-trial conference with the city attorney.

\_\_\_\_\_  
Signature