

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

NO CONTEST PLEA

Date: _____

Citation #(s) _____

The undersigned wishes to enter a plea of NO CONTEST to the above charge(s) and Understands that a finding of guilty will be entered by the court and no further appearance will be necessary.

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

Name: _____

Address: _____

City, State, Zip: _____

Telephone No: _____

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 this plea form is forwarded to the City of Lake Geneva Municipal Court before my initial court appearance date, a guilty finding will be entered by the court and the time served will be considered payment in full for the above violation.

Signature