

**NOT GUILTY PLEA**

**THIS FORM MAY NOT BE USED IF  
YOUR COURT APPEARANCE IS SCHEDULED  
FOR 10:00 A.M.**

CITATION NUMBER(S): \_\_\_\_\_

COURT DATE: \_\_\_\_\_

ISSUING AGENCY (Circle One):

Sheriff's Department    Police Department    State Police    DNR

I am entering a plea of not guilty to the above listed citation(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE PRINT NEATLY**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

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

Phone Number(s): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_