



Office of
MUNICIPAL JUDGE
City of New Holstein

2110 Washington Street New Holstein WI 53061-1045
PHONE: 920-898-5766 FAX: 920-898-1504
www.ci.new-holstein.wi.us

I, _____, would like to enter a plea of
Please print

(Circle one) NOT GUILTY NO CONTEST GUILTY

To the charge of _____,

Citation Number _____.

If I am entering a plea of not guilty, I understand a pre-trial date will be scheduled for me and I will receive a notice of that date and time.

I am (_____) am not (_____) requesting payment arrangements for my citation.

Dated _____

Signature