



**PLEA OF NOT GUILTY**

Defendant Name (PRINT)

Date of Birth

Street Address (PRINT)

Telephone Number

Citation Number(s):

Charge(s):

Initial Court Date(s):

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I wish to enter a plea of Not Guilty to the citation(s) indicated above. I understand that if I return this plea to the Court, ***before my court date***, in person, via fax, or by mail, I do not have to come to court until notified by mail of my new court date.

Defendant Signature

Date

**YOU WILL BE NOTIFIED OF YOUR NEXT COURT DATE BY MAIL. IT IS YOUR RESPONSIBILITY TO NOTIFY THIS COURT OF ANY ADDRESS CHANGE.**