

CITY OF БЕЛОIT,

Plaintiff,

PLEA FORM

vs.

CITATION NUMBER(S):

Defendant.

To: **Beloit Municipal Court**
100 State Street
Beloit, WI 53511
Phone Number: 608-364-6613
Fax number: 608-364-6642
Email: court@beloitwi.gov

I am the defendant in this case. I am entering the following plea to the above-listed citation(s):

- Guilty**
- No Contest**
- Not Guilty**

If I entered a plea of guilty or no contest, I understand that I will be given 60 days to pay the forfeiture(s).

If I entered a plea of not guilty, I am requesting a trial.

Dated this _____ day of _____, 20 ____.

Signature of Defendant

Address

City, State, Zip Code

Telephone Number

Social Security Number

The disclosure of your Social Security number to the Beloit Municipal Court is voluntary. This is requested under the authority of the Beloit Municipal Court for the purposes of properly identifying you.