

STATE OF WISCONSIN **MCFARLAND MUNICIPAL COURT** DANE COUNTY
5915 Milwaukee Street
P.O. Box 110
McFarland, WI 53558
(608) 838-3764

Not Guilty Plea Entered

Date: _____

Name: _____
(Print name)

Citation Number(s): _____

Initial Appearance Date: _____

I, _____
(Name)

wish to enter a plea of Not Guilty for the above listed citation(s).