

Mail To: McFarland Municipal Court  
5915 Milwaukee Street  
McFarland, WI 53558

Or

Fax To: (608) 838-3619

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

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Citation Number: \_\_\_\_\_

**Court date on Citation:** \_\_\_\_\_

1. \_\_\_\_\_ I hereby enter a plea of guilty to the charge stated on the above citation and request time to pay the amount due. You **do not** appear in court after you enter this plea.
  
2. \_\_\_\_\_ I hereby enter a plea of no contest to the charge stated on the above citation and request time to pay the amount due. You **do not** appear in court after you enter this plea.

If you plead guilty or no contest, you will be found guilty and a forfeiture will be imposed. If you have information you want the court to consider when imposing the forfeiture, please provide it here:

**A dispositional sheet will be sent out in the mail. You will be granted 60 day to pay your citation.**

3. \_\_\_\_\_ I hereby enter a plea of not guilty to the charge stated above and request a pretrial conference date. Notice will be sent to you for a pretrial conference by phone with the Village Prosecutor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Wendy Motl  
Judicial Assistant/Court Clerk III  
McFarland, WI 53558  
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(608) 838-3764  
Fax: (608) 838-3619