

Note: If your citation states "Yes" in the box to the right of "Appearance Required", you must appear in court on your assigned date. Do not submit this form!

If your citation does not indicate a mandatory appearance, you may **complete and submit this form** to enter a *Plea by Mail*.

Citation(s) issued	by the Village of B	aldwin Police Depa	rtment:	
Citation #(s):				
Scheduled court d	ate assigned to the	citation(s):		
l,	DINT NAME AS STATED O	NI CITATIONI)		wish to enter a plea of
Guil		_ No Contest	Not Gui	lty*
*Not Guilty Plea: \	ou will be sent not	ice of a scheduled F	Pre-Trial Conference w	rith the Village Attorney.
Current Contact II	nformation:			
Street	City	State	Zip	Telephone Number
Email Address:				_
_	Enclosed is a check or money order as full payment. Make check or money order payable to Village of Baldwin .			
			-	••••
		vill be made within ust be received with	60 days. iin 60 days of your assi	igned court date.)
				·
_	Monthly Paym	ent Plan - Contact t	the Clerk of Court (715	6.684.4930) to discuss this option.
•			•	f Court Office, 2) Drop Box , located symentservicenetwork.com. (Select
	Business ID is RT22		<u></u>	<u>,,,</u> (50.660
Signature:				Date:
Submit this compl	eted form: Village	of Baldwin Municipa	al Court, PO Box 118, E	Baldwin, WI 54002

Must be received prior to your assigned court date!

or email to www.vob9@badlwin-telecom.net