

**Brown County Joint Municipal Court**

5718 Dickinson Rd

De Pere, WI 54115

920-660-2331

[browncountyjointmunicipalcourt@yahoo.com](mailto:browncountyjointmunicipalcourt@yahoo.com)



BROWN COUNTY

STATE OF WISCONSIN

E-Mail To: [browncountyjointmunicipalcourt@yahoo.com](mailto:browncountyjointmunicipalcourt@yahoo.com)

Mail To: Brown County Joint Municipal Court  
5718 Dickinson Rd, De Pere, WI 54115

Phone: (920) 660-2331

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Citation Number 1: \_\_\_\_\_ Violation: \_\_\_\_\_

Citation Number 2: \_\_\_\_\_ Violation: \_\_\_\_\_

Citation Number 3: \_\_\_\_\_ Violation: \_\_\_\_\_

**Court date on Citation(s): \_\_\_\_\_ Plea Sheet Due by: BEFORE Day of initial court appearance**

**Please DO NOT check more than one choice below (1 – 3):**

**1.** \_\_\_\_\_ I hereby enter a plea of guilty to the charge stated on the above citation(s) and request time to pay the amount due. You **will 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 **will 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 in the amount stated on the citation(s).

If you received a ticket for operating on a suspended, revoked or invalid driver’s license please indicate if you have reinstated your license by checking here: \_\_\_\_\_ with proof provided to the court.

If you received a ticket for operating without insurance and you have now obtained insurance please enclose proof of your insurance when returning this form.

**A dispositional sheet will be sent out in the mail detailing conviction, forfeiture amount owed, and further sanctions ordered by the Court. You will be given 60-days to pay. If you require additional time to pay, you may make a request in writing by mail or email [browncountyjointmunicipalcourt@yahoo.com](mailto:browncountyjointmunicipalcourt@yahoo.com) .**

**3.** \_\_\_\_\_ I hereby enter a plea of not guilty to the charge(s) stated above and request a Pre -Trial conference date. Notice will be sent to you for a Pre-Trial Conference by mail to be done via telephone or in person with the Municipal Attorney.

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