

**STOUGHTON MUNICIPAL COURT
WRITTEN PLEA FORM**

*Please complete and return to the Stoughton Municipal Court Office
BEFORE your scheduled Initial Appearance*

Name:	
Address:	
City, State, Zip Code:	
Phone Number:	
Date of Birth:	
I WOULD LIKE TO ENTER A WRITTEN PLEA OF:	
<input type="checkbox"/> NOT GUILTY <input type="checkbox"/> NO CONTEST <input type="checkbox"/> GUILTY	
TO THE CHARGE(S) OF:	
Citation No.:	
Charge:	
Citation No.:	
Charge:	
Citation No.:	
Charge:	

Signature Date

-----FOR OFFICE USE-----

Person taking plea:	
Initial Appearance date:	

03/2014

If you require the assistance of auxiliary aids or services because of a disability, please call the Court Office at 608-873-6676, and you will be assisted in making arrangements.