

**VILLAGE OF LITTLE CHUTE
MUNICIPAL COURT**

NOT GUILTY PLEA

I, _____ print your name,
wish to enter a plea of not guilty. The date of my initial court appearance is _____
to answer to the charge of _____.

(signature)

(social security #)

(date plea entered)

Upon receipt of this plea, the clerk will schedule you for a trial. You will then receive a notice of trial from Little Chute Municipal Court.

Mail this form to: Village of Little Chute Municipal Court

108 W. Main Street

Little Chute, WI 54140

*****This form must be received 2 business days prior to your scheduled initial appearance in order to process your paperwork. Do not send the form via email. We will not accept email as a legal document.**