

## Plea Form

Mail to: Kimberly Municipal Court  
515 W Kimberly Avenue  
Kimberly, WI 54136  
Fax to: (920) 788-9723  
E-mail to: kimberlycourt@vokimberlywi.gov

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

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

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

Citation Number(s): \_\_\_\_\_

Initial Appearance date on citation(s): \_\_\_\_\_ **Plea is due prior to your court date**

Do not appear in court for your initial appearance after you enter this written plea. **Check only 1 box.**

Enter my plea of:

- ☐ **NOT GUILTY** This plea means that you wish to contest and deny the charge. You will receive a Pre-Trial Conference Notice by mail to meet with the Village Attorney on a later date.
- ☐ **GUILTY** This plea is an admission of the charge(s) against you. You may include a brief statement indicating any mitigating circumstances you would like the judge to consider when imposing judgement and will be mailed a Notice of Judgement informing you of the finding and any penalties the court has imposed.
- ☐ **NO CONTEST** This plea is similar to a plea of guilty and will be treated as a guilty plea. However, your plea cannot be used against you in any other court proceeding to prove civil liability. You may include a brief statement indicating any mitigating circumstances you would like the judge to consider when imposing judgement and will be mailed a Notice of Judgement informing you of the finding and any penalties the court has imposed.

\_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Date

If you plead Guilty or No Contest:

- ☐ Request 60 days to pay  
☐ Payment will be made within 10 days

Payment can be made in person Monday thru Thursday from 8:00 am to 4:00 pm and Friday from 8:00 am to noon, by mail, depository box or by using this QR code with your smartphone. An additional fee of 3% (+ 50¢ if under \$100) is added to all credit and debit card payments.

