

IN THE MUNICIPAL COURT OF SIDNEY, OHIO

CITY OF SIDNEY/STATE OF OHIO, * **CASE NO.** _____
 *
PLAINTIFF, *
 *
-vs *
 *
 _____ *
 *
DEFENDANT, *

NOT GUILTY PLEA

Check all that apply:

- _____ NOT GUILTY PLEA
- _____ TRIAL TO THE COURT
- _____ PRE-TRIAL @ defendant’s request. Time charged to defendant.
- _____ TELEPHONE PRETRIAL @ defendant’s request. Time charged to defendant.
- _____ **TIME-WAIVER**. The defendant herein waives his/her right to be tried with the time limits imposed by R.C. 2945.71. By checking this box, the Court will have more flexibility in scheduling around your schedule.

The defendant will be notified of the pre-trial or trial date by separate notice.

The defendant is hereby notified that we will use the contact information below for all communications sent by the Court. The defendant must immediately report any change in this information to the Clerk of Court’s office.

CONTACT INFORMATION:

DEFENDANT’S NAME - PRINT	
DEFENDANT’S SIGNATURE	
DEFENDANT’S ADDRESS	
CITY, STATE, ZIP	
DEFENDANT’S PHONE #	
TEXT/PHONE NOTIFICATION	<input type="checkbox"/> YES <input type="checkbox"/> NO