

IN THE MUNICIPAL COURT OF SIDNEY, OHIO

CITY OF SIDNEY/STATE OF OHIO,

\* CASE NO. \_\_\_\_\_

PLAINTIFF,

\*

-vs

\*

NOT GUILTY PLEA

\*

DEFENDANT,

\*

\*\*\*\*\*

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.  
(Must provide Email Address below)

**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 MAILING ADDRESS		
CITY, STATE, ZIP CODE		
DEFENDANT'S PHONE NUMBER		
DEFENDANT'S EMAIL ADDRESS		
TEXT/PHONE NOTIFICATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO

For Office Use Only:

**PRETRIAL DATE/TIME:**

MONDAY _____, 20____	9:00 AM	COUNTY PROSECUTOR
WEDNESDAY _____, 20____	2:00 PM	CITY PROSECUTOR

If applicable, TSP Inquired \_\_\_\_\_