SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO

REQUEST FOR COURT TRIAL

NAME:						*FOR COURT USE ONLY*
ADDRESS:						
CITY:		STATE:		ZIP CODE:		
DATE OF BIRTH:		DRIVER LICENSE NUMBER:				
CASE OR CITATION NUMBER:						

Fill out this form if you want to plead **NOT GUILTY** in this case and request a court trial.

You have the following rights:

- To have a lawyer represent you (at your expense).
- To an interpreter if you do not speak and understand English well.
- To a speedy and public court trial before a judge.
- To remain silent and not testify against yourself.
- To present evidence to show that you are not guilty of the offense.
- To confront and cross examine witnesses and accusers.
- To have your case tried within 45 days of the entry of this plea unless you waive that right.

Check one: ☐ I waive the 45-day time-period

☐ I do not waive the 45-day time-period

I have read and understand the above rights. I hereby plead not guilty to the charges listed on my citation and request an infraction court trial.

☐ **I need an interpreter at my trial. Language: _____**

I understand that by using the procedure above I have given my written promise to appear at the time designated by the court for trial. If I fail to appear at the trial, I may be found guilty in absentia of the underlying charges and may be subject to further penalties.

If I am returning this form <u>by mail</u>, I will be deemed to have waived the right to be tried within 45 days of the date of this plea.

Date: _____ _____

Defendant Signature

_____

Defendant Name (printed)

Defendant Address: _____

Defendant Phone Number: _____

Defendant Email: _____