

## Waiver Form

Complete appropriate Section and return to  
Clinton County Municipal Court  
Prior to your scheduled Court date

(Check appropriate box)

**Section (1) Guilty Plea, Waiver of Trial, Payment of Fine and Costs**

\_\_\_\_\_ “I the undersigned defendant do hereby enter my written plea of Guilty to the offense Charged in the ticket. I realize that by signing this guilty plea I admit my guilt of the Offense charged and waive my right to contest this offense in a trial. Further, I realize That a record of this plea will be sent to the Ohio Bureau of Motor Vehicles. I affirm That I have not been convicted of, plead guilty to or forfeited bond for a prior moving Traffic offense within the last twelve months. I enclose payment of \$\_\_\_\_\_ which is not a personal check and request the Court to accept as payment in full of my fine and costs.

**(NO PERSONAL CHECKS WILL BE ACCEPTED)  
MAKE MONEY ORDER TO: Clinton County Municipal Court**

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Waiver

(Check Only One Box)

**Section (2) Not Guilty Plea, Waiver of Speedy Trial Rights, Request for Trial or Pretrial**

\_\_\_\_\_ “I the undersigned defendant do hereby enter my written plea of Not Guilty to the offense  
**Pretrial** charged in the ticket. I acknowledge that I am entitled to have a trial before the Court within 30-days from the date I was cited. However, I waive my right to a trial within that time period and consent to scheduling the trial or pretrial a the Court’s convenience.”  
**Trial**

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

\_\_\_\_\_  
Address

**Section (3) Request for Continuance**

\_\_\_\_\_ “I the undersigned defendant do hereby request a continuance of two weeks for my scheduled Court appearance. I affirm I will respond to the citation on or before the next scheduled Court date which will be exactly two weeks from the originally scheduled date and time. I will understand that no additional notices will be sent from the Court granting this request but the continuance will be granted for exactly two weeks. I waive my right to speedy trial.

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

\_\_\_\_\_  
Address

Court Receipt No: \_\_\_\_\_

Receipt Date: \_\_\_\_\_

Court Date: \_\_\_\_\_

Officer: \_\_\_\_\_

Ticket No: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Taking Payment

**Mail or bring to:  
Clinton County Municipal Court  
69 N. South St., P.O. 71  
Wilmington, Ohio 45177**