

HURON MUNICIPAL COURT  
417 Main St  
Huron, Ohio 44839  
419-433-5430 Phone  
419-433-3272 Fax

State of Ohio )  
State Of Ohio (Osp) ) Case No.  
vs )  
)  
)  
)  
) PLEA  
)

I, \_\_\_\_\_, the above named defendant  
do hereby enter a plea of NOT GUILTY to the charge(s) in the  
above referenced case number.

I also

\_\_\_\_\_ Waive the time limitations in which my case can  
be heard.

\_\_\_\_\_ DO NOT waive the time limitations in which my  
case can be heard.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone