



NOT GUILTY PLEA AND REQUEST FOR TRIAL

City of Bend,

Plaintiff

Citation No.:

vs.

Defendant

| | | |
|------------------|----------------|------|
| Name: | Date of Birth: | |
| Mailing Address: | City, State: | Zip: |
| Phone Number: | Email Address: | |

I plead Not Guilty to each of the violations listed below:

| |
|----|
| A. |
| B. |
| C. |

Read and initial each of the following:

I understand that:

_____ The fine amount on my citation may not be reduced if I am found guilty or the infraction is upheld at trial.

_____ I must notify the Court of changes to my mailing address or telephone number.

_____ Court personnel are prohibited by law from providing any legal advice and if I intend to be represented by an attorney at any court proceedings, either my attorney or I must file a written notice of representation with the court at least TEN days prior to the proceeding. A copy of the written notice must be served on the citing agency, and proof of such service must be filed with the Court.

City of Bend Municipal Court Local Rules, Ch. 8-1

_____ If I do not receive my trial notice within 14 days, I will call the Court office at 541-388-5572, option #9, to obtain the status of my trial date and time.

Select ONE option below:



- TRIAL BY AFFIDAVIT/DECLARATION:** I request a Trial by Affidavit/Declaration, and I waive my right to have testimony presented orally in Court.
- VIRTUAL TRIAL:** I request a **Virtual Trial**. Written notice of my trial date will be emailed to me at the email address I have provided to the Court (above).
- IN-PERSON TRIAL:** I request an **In-Person Trial**. Written notice of my trial will be mailed to me at the mailing address I have provided to the Court (above).

Signature

Date



Accommodation Information for People with Disabilities & Language Assistance Services

You can obtain this information in alternate formats such as Braille, electronic format, etc. Free language assistance services are also available. Please email accessibility@bendoregon.gov or call 541-693-2198. Relay Users Dial 7-1-1. All requests are subject to vendor processing times and should be submitted 48-72 hours in advance of events.

Servicios de asistencia lingüística e información sobre alojamiento para personas con discapacidad

Puede obtener esta información en formatos alternativos como Braille, formato electrónico, etc. También disponemos de servicios gratuitos de asistencia lingüística. Póngase en contacto en correo electrónico accessibility@bendoregon.gov o número de teléfono 541-693-2198. Los usuarios del servicio de retransmisión deben marcar el 7-1-1. Por favor, envíe sus solicitudes con 48-72 horas de antelación al evento; todas las solicitudes están sujetas a los tiempos de procesamiento del proveedor.