



**City of Lake Oswego
Municipal Court**

P. O. Box 369
380 A Avenue
Lake Oswego, OR 97034
Telephone: (503) 635-0216 Fax: (503) 697-6570

REQUEST FOR TRIAL

I wish to enter a NOT GUILTY plea to Citation No. _____.

If English is not your primary language, will provide an interpreter for your trial. What is your primary language? _____

I will represent myself.

I will be represented by an attorney.

I am an attorney.

If you choose to be represented by an attorney, your attorney must notify the Court **within 10 days after you have entered a Not Guilty plea**. Attorney represented trials are set differently than trials when you represent yourself. If your attorney fails to notify us within that time period, and the trial has already been set, the bail must accompany your set-over request. The bail amount is listed on the front of your citation. In addition, the trial will be required to be reset to another date and time.

Name of Attorney (If known): _____

Attorney Phone Number: _____

Is your ticket considered to be a correctable (fix it) ticket? If so, by pleading not guilty you are giving up the right to pay the \$35 administrative fee to have the violation dismissed at trial. If found guilty, you will be fined the full presumptive fine and the ticket will be a conviction on your driving record.

Name (required): _____

Address (required): _____

Phone Number (required): _____

Email Address (optional): _____

Your trial will be set on a Wednesday morning between 8:15 am and 11:00 am. You will receive a notice by mail approximately three (3) to four (4) weeks prior to trial.

Are there any dates when you would not be available in the next two (6) months?

Signature: _____

Date: _____