

**WASHINGTON COURT HOUSE MUNICIPAL COURT
119 N. MAIN STREET
WASHINGTON C.H., OHIO 43160
PHONE NUMBER: 740-636-2350**

STATE OF OHIO/CITY OF WASHINGTON C.H./
VILLAGE OF _____,

Plaintiff,

CASE NUMBER: _____

Vs.

Defendant

GUILTY PLEA, WAIVER OF TRIAL, INSTALLMENT PAY PLAN

I, the undersigned defendant, do hereby enter my written plea of guilty to the offense(s) charged in this case. I realize that by signing this guilty plea, I admit my guilt of the offense(s) charged and waive my right to contest the offense in a trial before the Court. I am aware of my Constitutional rights and hereby waive them in order to enter this plea. Further, I realize that a record of this plea will be sent to the Ohio Bureau of Motor Vehicles.

I, the undersigned defendant, am now entering into an Installment Payment Plan with the Clerk of Court according to Ohio Revised Code 2935.26(C). I agree to follow the payment schedule as listed after my initial payment of \$50.00. I understand that the remaining balance of the waiver amount must be paid in full by _____ or I will have to appear for a Show Cause Hearing on _____ at 10:00 a.m.

PAYMENT DUE ON THE 5TH DAY OF EACH MONTH

Payment options

- 1) Mail check or money order to the above address
- 2) Pay in person at the above address Monday-Friday 8:00 A.M. to 4:00 P.M. (Except Holidays)
- 3) Pay online www.cityofwchmunicipalcourt.com

Signature of Defendant

Date

Address

Phone Number

Email Address