

IN THE CLEVELAND HEIGHTS MUNICIPAL COURT  
Cuyahoga County, Ohio

State of Ohio/City of Cleveland Heights

Ticket Number \_\_\_\_\_

V.

Case Number TRD \_\_\_\_\_

\_\_\_\_\_  
Defendant Printed Name

**MINOR TRAFFIC MATTER**

\_\_\_\_\_  
Current Mailing Address

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

(\_\_\_\_\_) \_\_\_\_\_  
Phone with Area Code

\*\*\*\*\*

**NOT GUILTY PLEA**

I hereby enter a plea of NOT GUILTY to the charges in the above-referenced case and have read and signed the statement of rights ATTACHED TO THIS FORM.

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

Signature: \_\_\_\_\_

\*\*\*\*\*

**TIME WAIVER**

I hereby waive the requirement that my case be tried within the time limits prescribed by O.R.C. Section 2945.71 which is 45 days from date of citation, and allow the court to schedule this matter within a reasonable time.

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

Signature: \_\_\_\_\_

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\* PER ADMINISTRATIVE ORDER OF COURT DATED 10/18/1995  
ALL TRAFFIC TRIALS ARE HEARD BY THE MAGISTRATE OF  
THE CLEVELAND HEIGHTS MUNICIPAL COURT

**ALL TRIALS ARE HELD AT 1:30 P.M. ON EITHER WEDNESDAY OR THURSDAY**  
I UNDERSTAND THAT ALL FINES AND COSTS ARE DUE THE DAY OF TRIAL