CRAWFORD COUNTY MUNICIPAL COURT

112 E. Mansfield St. Ste 100
Bucyrus, Ohio 44820

WAIVER OF ARRAIGNMENT/PAYMENT PLAN

State of Ohio

VS

_____

Defendant's Printed Name

Case No.: _____

Please write your case number

(Found on our website)

* *

Please check each box.

☐ I acknowledge the following:

☐ I waive my right to trial.

☐ I plead GUILTY.

☐ I agree to pay the waiver amount as stated on citation and additional $10.00 payment plan fee, along with any applicable late fees, within 90 days of this signed waiver.

_____
Defendant's Signature

Current address: _____

_____

Phone number: _____

*Please return this signed, completed form to the Court by fax (419-562-7064), or by e-filing on our website at www.crawfordcountymuni.org.

*Please be advised there is a $10.00 fee for a payment plan.

*Please be advised there is a $35.00 late fee if not received prior to arraignment date stated on citation.

*Failure to comply may result in contempt of Court and fines/costs sent to collections.

Payments may be made by:

- ✓ Cash (please have exact amount)
- ✓ Money Order
- ✓ Debit/Credit Card
- ✓ www.crawfordcountymuni.org
- ✓ (866) 895-0198