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Laramie WYOMING
MUNICIPAL COURT

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MUNICOURT@CITYOFLARAMIE.ORG

DEFENDANT INFORMATION SHEET

NAME:_____DOB:_____
LAST FIRST

CURRENT ADDRESS:_____

CITY:_____ STATE:_____ ZIPCODE:_____

PHONE NUMBER:_____

EMAIL ADDRESS:_____

ADDED NOTES:_____

_____

_____

_____

COURT CLERK:_____

DATE:_____

_____
DEFENDANT'S SIGNATURE