

TO PLEAD BY MAIL

(NOT TO BE USED FOR MISDEMEANORS OR FELONIES)

- If you are pleading "GUILTY" by mail, place an "X" through SECTION B, then complete and sign SECTION A.
- If you are pleading "NOT GUILTY" by mail, place an "X" through SECTION A, then complete and sign SECTION B.
- Mail this form to the Court noted on the ticket by Registered, Certified or First Class Mail with Return Receipt Requested.

- DO NOT use this form for Misdemeanors or Felonies or for a third or subsequent speeding violation in an 18 month period. Instead you must appear in person in the Court noted on the ticket.
- If the Court denies your plea, you will be notified by mail to appear in the Court noted on the front of your ticket.
- ❖ **PLEASE REFERENCE YOUR NAME, MOTORIST ID #, DATE OF BIRTH AND TICKET NUMBER ON THIS FORM.**

SECTION A - PLEA OF GUILTY

To the Court listed on the other side of this ticket:

I, _____
(Print Name)

residing at _____
have been charged with the violation as specified on the other side of this ticket. I acknowledge receipt of the warning printed on the other side of this ticket, and I waive arraignment in open court and the aid of an attorney. I plead GUILTY to the offense as charged and request that this charge be disposed of and a fine or penalty fixed by the court.

Additionally, I make the following statement of explanation (optional) _____

All statements are made under penalty of perjury:

Date _____ Signed _____

SECTION B - PLEA OF NOT GUILTY

NOTICE: YOU ARE ENTITLED TO RECEIVE A SUPPORTING DEPOSITION FURTHER EXPLAINING THE CHARGES PROVIDED YOU REQUEST SUCH SUPPORTING DEPOSITION WITHIN THIRTY (30) DAYS FROM THE DATE YOU ARE DIRECTED TO RESPOND TO THE COURT NOTED ON THE OTHER SIDE OF THIS APPEARANCE TICKET.

DO YOU REQUEST A SUPPORTING DEPOSITION? YES NO

Signature _____ Date _____

Street Address _____

City _____ State _____ Zip Code _____

NOTE: Mail to the court specified on the reverse by Registered or Certified Mail, Return Receipt Requested, or by First Class Mail, within 48 hours. The Court shall advise the violator by First Class Mail of the trial date.

**APPLICANT UNDER 18 YEARS OF AGE
MUST SUBMIT NAME AND ADDRESS OF PARENT OR GUARDIAN**

Name of Parent or Guardian _____

Address _____

City _____ State _____ Zip Code _____

FAILURE TO ANSWER THIS TICKET WILL RESULT IN THE SUSPENSION OF YOUR LICENSE AND A DEFAULT JUDGMENT AGAINST YOU.