



SWEDEN TOWN COURT

18 State Street
Brockport, NY 14420
Phone (585) 637-1070
Fax (585) 637-7726



PLEA

Name _____

Date Of Birth _____

Address _____

City, State, Zip Code _____

Phone Number (Including Area Code) _____

I, _____ Am Pleading,

PRINT YOUR NAME

Choose One and Circle;

GUILTY

NOT GUILTY

If pleading not guilty answer the following question:

I am requesting a Supporting Deposition (**This can only be requested within 30 days of receiving the ticket**) YES NO

Sign and date

OPERATING WITHOUT INSURANCE VTL 319.1 DISCLAIMER:
THE DMV WILL REVOKE YOUR LICENSE FOR AT LEAST ONE YEAR IF YOU PLEAD GUILTY (ADDITIONAL CIVIL PENALTY OF \$750.00 ASSESSED BY DMV BEFORE APPLICATION FOR LICENSE OR REGISTRATION CAN BE ISSUED. DMV AUTOMATICALLY REVOKES DRIVERS LICENSE AND/OR REGISTRATION FOR AT LEAST ONE YEAR.

I have read the above disclaimer and still wish to plead guilty _____
(Initial Here)