

PLEA BY MAIL OR FAX

**Tully Town Court
PO Box 126
Tully, NY 13159
Fax: 315-671-2832**

Name: _____

Ticketnumber(s): _____

Date of birth: _____

Instructions to Motorists: (See Page 2)

If you are pleading "GUILTY" by mail, place an "X" through SECTION B and complete and sign SECTION A.

If you are pleading "NOT GUILTY" by mail, place an "X" through SECTION A, and then complete SECTION B.

Mail this form to: Tully Town Court PO Box 126, Tully, NY 13159

Do not use this form for Misdemeanors or Felonies or for a third subsequent speeding violation in an 18 month period, instead you must appear in Tully Town Court in person.

If the Court denies your plea, you will be notified by mail to appear in Court.

SECTION A – PLEA OF GUILTY

To Tully Town Court:

I _____ residing at _____ have been charged with the specified violation indicated above. I acknowledge receipt of the following warning:

A PLEA OF GUILTY TO THIS CHARGE IS EQUIVALENT TO A CONVICITON AFTER TRIAL. IF YOU ARE CONVICTED, NOT ONLY WILL YOU BE LIABLE TO A PENALTY, BUT IN ADDITION YOUR LICENSE TO DRIVE A MOTOR VEHICLE OR MOTORCYCLE, AND YOUR CERTIFICATE OF REGISTRATION, IF ANY, ARE SUBJECT TO SUSPENSION AND REVOCATION AS PRESCRIBED BY LAW.

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 (optional):

_____.

All statements are made under penalty of perjury.

Date: _____ Signed: _____

Name: _____

Ticket number(s): _____

Date of birth: _____

SECTION B – PLEA OF NOT GUILTY

The following applies to you if the officer did not issue you a supporting deposition with your ticket.

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. DO YOU REQUEST A SUPPORTING DEPOSITION?

YES

NO

Signature: _____

Address: _____

NOTE: Mail this NOT GUILTY Plea within 48 hours. The court will notify you by First Class Mail of your appearance date.

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

APPLICANTS UNDER 18 YEARS OF AGE MUST SUBMIT NAME AND ADDRESS OF PARENT OR GUARDIAN BELOW.

Name of Parent or Guardian: _____

Address: _____