## 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 this 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 the Court noted on this ticket in person.
- If the Court denies your plea, you will be notified by mail to appear in the Court noted on the front of this ticket.

SECTION A - PLEA OF GUILTY							
To the Court listed or	the other	er side	of this tic	ket:			
residing at							-
have been charged v acknowledge receipt and I waive arraignm the offense as charge penalty fixed by the c	of the wa ent in op ed and re	arning en cou	printed in urt and th	bold type of an a	on the Altorn	other side	of this ticket
Additionally, I make	the follo	vving s	tatement	of explanat	ion (o)	otional):	
All statements are m	nade uno	er per	a lo vilso	riury:			
Date:				.,,-			
	TION			NOT G		Y	
The following notice		to you	if the off	icer did not	issue	you a sup	porling
deposition with you NOTICE: YOU AF		TI E	D TO D	CEWE A	CUD	PORTING	
DEPOSITION FU					-		
YOU REQUEST							
(30) DAYS FROM							
THE COURT NO							
TICKET. DO YO	U REQI	UEST	A SUP	PORTING	DEP	OSITION	?
						V (	No O
SUPPORTING D	EDUCI	TION	PPOME	ED WHE	N TH	_	_
ICCLIEDO	_					_	THAS
1930ED: NO	0	SP	EEDING	(Gen 101	1)	$\circ$	
		GE	NERAL	(Gen 101	A)	$\odot$	
Signature							
Address				····			
City		State			Zic	Code	
NOTE: Mail thi you by First Cla	s NOT G	UILTY	Plea wit	in 48 hour			
APP	LICANT	SUNE	ER 18 V	EARS OF A	GE		
MUST SUBMIT N						GUARDIAI	BELOW.
Name of Parent or	Guardia	n					
Address							
City	St	ale		Zip	Code	)	

FAILURE TO ANSWER THIS TICKET WILL RESULT IN THE SUSPENSION OF

YOUR LICENSE AND A DEFAULT JUDGEMENT AGAINST YOU.

## (PLEASE PRINT)

NAME:	
DATE OF BIRTH:	
CURRENT ADDRESS:	
One of the state o	
TICKET NUMBER:	

COMPLETE SECTION A OR SECTION B AND RETURN THIS ENTIRE FORM TO:

## TOWN OF DICKINSON COURT 531 OLD FRONT STREET BINGHAMTON, NY 13905

A PLEA OF GUILTY TO THIS CHARGE IS EQUIVALENT TO A CONVICTION 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.