

ITHACA TOWN COURT

215 NORTH TIOGA STREET, ITHACA, NY 14850

TRAFFIC INFRACTION PLEA BY MAIL FORM

GUILTY PLEA

I, _____, do hereby waive arraignment in open court and the aid of counsel and hereby plead **GUILTY** to the offense as charged on ticket # _____ and request that this charge be disposed of by a fine/surcharge penalty fixed by the Court. **(You must include the ticket # or the court will be unable to process your plea. Please call the court if you don't know your ticket #)**

The undersigned makes all statements under penalty of perjury.

Dated: _____ Signature: _____

Email: _____ Phone: _____

Current Mailing Address: _____

NOTE: Applicants under 18 years of age must submit name and address of parent or guardian below.

Parent/Guardian Name: _____ Address: _____

NOT GUILTY PLEA

I, _____, do hereby waive arraignment in open court and the aid of counsel and hereby plead **NOT GUILTY** to the offense as charged on 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 NOTED ON THE ORIGINAL APPEARANCE TICKET. DO YOU REQUEST A SUPPORTING DEPOSITION?
Yes _____ No _____

The undersigned makes all statements under penalty of perjury.

Dated: _____ Signature: _____

Email: _____ Phone: _____

Current Mailing Address: _____

*****Your license is currently suspended.

To pay the Scoff Lift Fee by Credit Card, please complete the following: (there is a 2.99% service fee to process the payment) Please note that neither the municipality nor the court receives any portion of the service fee.

Card Number: _____ - _____ - _____ - _____ Exp Date: _____ Zip Code: _____

I hereby accept the Scoff Lift amount of \$ _____ (\$70.00 per ticket) and authorize payment and the service fee on the above noted credit card. (You must fill in the appropriate amount or the court will not be authorized to process the payment)

(Signature as it appears on Card)

(Print Name)