



TOWN OF IRONDEQUOIT JUSTICE COURT

1300 Titus Avenue, Rochester, New York 14617, Phone: (585) 336-6040

TRAFFIC INFRACTION PLEA

NAME _____

DATE OF BIRTH _____

ADDRESS _____

CITY/STATE/ZIP _____

I, _____ AM PLEADING
(Name)

GUILTY _____

NOT GUILTY _____

(CHOOSE ONE)

TICKET NUMBER(S)

SIGNATURE _____

DATE _____

I request a Supporting Deposition
(This can only be requested within 30 days of receiving a ticket)
YES _____ NO _____

OPERATING WITHOUT INSURANCE VTL 319.1 The DMV will revoke your license for at least one year if you plead guilty. Additionally, a civil penalty of \$750 is assessed by DMV before application for a license or registration can be issued. DMV automatically revokes driver license and/or registration for at least one year.

I have read the above penalties and do still wish to plead guilty (initials) _____