

**Return to:**  
**Village of Baldwinsville Justice Court**  
**16 West Genesee St.**  
**Baldwinsville, New York 13027**

- ◆ 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 the front of this ticket by First Class Mail or Registered or Certified Mail, Return Receipt Requested.
- ◆ DO NOT use this form for misdemeanors or for a third or subsequent speeding violation in an 18 month period. Instead, you must appear in person in the Court noted on the front of this ticket.
- ◆ 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 NOT GUILTY**

To the Court listed on the other side of this ticket:  
I, \_\_\_\_\_  
(Print Name)

residing at \_\_\_\_\_  
have been charged with the violation as specified on the other side of this ticket acknowledge receipt of the warning printed on the other side of this ticket, and I wait arraignment in open court and the aid of an attorney. I plead GUILTY to the offense charged and request that this charge be disposed of and a fine or penalty fixed by the court.

Additionally, I make the following statement of explanation (optional) \_\_\_\_\_

All statements are made under penalty of perjury:

Date \_\_\_\_\_ Signed \_\_\_\_\_

**SECTION B - PLEA OF GUILTY**

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 OTHER SIDE OF THIS APPEARANCE TICKET.

DO YOU REQUEST A SUPPORTING DEPOSITION?  YES  NO

Signature \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

NOTE: Mail to the court specified on the reverse by Registered or Certified Mail, Return Receipt Requested, or by First Class Mail, within 48 hours. The Court shall advise the violator by First Class Mail of the trial date.

**SECTION C - PARENT OR GUARDIAN**

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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