

Reply Plea Form

**You must enter this Plea form by
Mail, Email, Fax or in Person within ten (10) days of your citation.**

- ___1. I hereby enter a **PLEA OF GUILTY** and waive an appearance for trial.
(Please check payment option below.)

- ___2. I hereby enter a **PLEA OF NO CONTEST** and waive appearance for trial.
(Please check payment option below.)

- ___3. I hereby enter a **PLEA OF GUILTY or NO CONTEST** and request **Driver Safety Course**.
(Eligibility see reverse side)

- ___4. I hereby enter a **PLEA OF NOT GUILTY** and waive my right to a Jury Trial and request Trial by Judge
(Bench Trial). I understand the Court will notify me by mail of my Trial date. You must advise
Court with correct mailing address.

- ___5. I hereby enter a **PLEA OF NOT GUILTY** and request Trial by Jury. I understand the court will notify
me of my trial date. You must advise Court with correct mailing address.

Print Name (as appears on driver license) Driver License number Citation Number

Current mailing address City/State/ Zip Telephone number

Signature Date Email address

- Request payment plan** (additional \$15 fee added along with a \$2.00 transaction fee per month)
- Fine is enclosed**
- 30 days to pay**

No Cash or Personal Checks accepted.