

HARRISON TOWN COURT
1 Heineman Place, Harrison New York 10528
Phone: (914) 670-3010 Fax: (914) 835-1262

WRITTEN PLEA OF *NOT GUILTY*

DEFENDANT'S NAME: _____

DATE OF BIRTH: _____

MAILING ADDRESS: _____

CASE NUMBER: _____

OR

TICKET NUMBER(S): _____

TYPE OF VIOLATION(S): _____

I DO HEREBY PLEAD NOT GUILTY TO THE ABOVE REFERENCED CASE/TICKETS.

SIGNATURE: _____ **DATE:** _____