

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

WRITTEN PLEA OF GUILTY

DEFENDANT'S NAME: _____

DATE OF BIRTH: _____

MAILING ADDRESS: _____

CASE NUMBER: _____

OR

TICKET NUMBER(S): _____

TYPE OF VIOLATION(S): _____

I HEREBY PLEAD GUILTY TO THE ABOVE REFERENCED CASE/TICKETS. IN ACCORDANCE WITH SECTION 1807 OF THE VEHICLE & TRAFFIC LAW, I UNDERSTAND THE FOLLOWING:

A PLEA OF GUILTY TO THIS CHARGE IS EQUIVALENT TO A CONVICTION AFTER TRIAL. IF YOU ARE CONVICTED, NOT ONLY WILL YOU BE LIABLE TO A PENALTY, BUT IN ADDITION YOUR LICENSE TO DRIVE A MOTOR VEHICLE OR MOTORCYCLE, AND YOUR CERTIFICATE OF REGISTRATION, IF ANY, ARE SUBJECT TO SUSPENSION AND REVOCATION AS PRESCRIBED BY LAW."

SIGNATURE: _____ **DATE:** _____