

GENESEO TOWN & VILLAGE COURT

**119 Main Street
Geneseo, NY 14454
Phone 585-243-4530 ext. 3
Fax 585-243-5025**

PLEA

Name Date of Birth

Address

City/State/Zip

Cell Phone E-Mail

(Choose One) **GUILTY** _____ * **NOT GUILTY** _____ **

Ticket Number or Description of Charge

Signature Date

*For plea of guilty, I acknowledge receipt of the warning printed in bold type on my original ticket, and I waive arraignment in open court and the aid of an attorney. I plead guilty to the offense(s) as charged and request that the charge(s) be disposed of and a fine or penalty be fixed by the court.

**For plea of not guilty, your case will be scheduled on a court date when you will have an opportunity to meet with the Assistant District Attorney to discuss a resolution of this ticket. I understand this is not a trial date and that this conference will give me the opportunity to discuss my case with the prosecutor.