

ELMIRA CITY COURT
317 E. CHURCH ST., 2ND FLOOR
ELMIRA, NY 14901

Tel - 607-873-9520 Fax - 212-401-9240

Hours - Monday through Friday 8:45 a.m. to 4:15 p.m.

Website - www.nycourts.gov/6jd/CountyMaps/chemung/city.default.html

This form can not be used for misdemeanor (criminal) charges or if pleading guilty will result in a third speed (VTL Section 1180) conviction within the past 18 months. Please read carefully and check appropriate boxes.

NOT GUILTY PLEA

I, _____, charged with the traffic infraction _____
(name) (section of law)
do hereby:
(description of offense)

A Waive arraignment in open court and the aid of counsel; and

B Enter a plea of **NOT GUILTY** to the offense charged and request a Trial; and

C Understand that I will receive notice of the date of the Non-Jury Trial and if I fail to appear for Trial, that my drivers license will be suspended **AND** I will be subject to an additional \$70.00 fee per ticket to restore my license. I understand that if I am an out-of-state licensed driver that New York State has reciprocity with other states and that my privilege to drive in New York State will be suspended and that my license in my state of residence may also be suspended;

OR

D Enter a plea of **NOT GUILTY** to the offense charged and request a court appearance prior to scheduling Trial to confer with the Court and the District Attorney; and

E Understand that I will receive notice of the date and time of pre-trial appearance and if I fail to appear for pre-trial appearance or Trial thereafter, that my drivers license will be suspended **AND** I will be subject to an additional \$70.00 fee per ticket to restore my license. I understand that if I am an out-of-state driver, that New York State has reciprocity with other states and that my privilege to drive in New York State will be suspended and that my license in my state of residence may also be suspended; and

F Request a supporting deposition. NOTE: SUPPORTING DEPOSITIONS MUST BE REQUESTED NO LATER THAN 30 DAYS AFTER THE RETURN DATE ON THE TICKET. THE DEFENDANT MUST ALSO HAVE BEEN ARRAIGNED BEFORE THE COURT OR HAVE FILED A WRITTEN NOT GUILTY PLEA WITH THE COURT WITHIN 48 HOURS OF THE DATE OF THE ISSUANCE OF THE TICKET; and

G Understand that I have the right to hire an attorney of my own choosing to represent me, although it is not a requirement and that should I retain an attorney in this matter, I MUST notify the Court no less than two weeks prior to the Trial date.

E Affirm, under penalty of perjury, that all statements are true
Date: _____ Signature: _____
Current Mailing Address: _____

NOTE: If you are under 18 years of age, you **must** provide the name and address of your parent/guardian:

Parent Name: _____

Parent Address: _____

*****PLEASE SEND THIS FORM ALONG WITH A COPY OF YOUR PHOTO IDENTIFICATION*****

Note: Please note that your failure to appear on any scheduled date may result in a warrant being issued for your arrest and/or suspension of your driver's license privileges.