

**Sleepy Hollow Village Court**  
**28 Beekman Avenue, Sleepy Hollow, NY 10591**  
**Phone: (914)631-2783 Fax: (914)631-2483**

**WRITTEN PLEA OF NOT GUILTY**

DEFENDANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

OR

TICKET NUMBER(S): \_\_\_\_\_

\_\_\_\_\_

TYPE OF VIOLATION(S): \_\_\_\_\_

\_\_\_\_\_

**I HEREBY PLEAD NOT GUILTY TO THE ABOVE REFERENCE CASE/TICKETS.**

**A COURT DATE WILL BE MAILING TO YOU AT THE ABOVE ADDRESS.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_