

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

WRITTEN PLEA OF GUILTY VTL

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 REFERENCE CASE/TICKETS. I UNDERSTAND THAT A PLEA OF GUILTY TO THIS CHARGE IS EQUIVALENT TO A CONVICTION AFTER TRIAL. IF YOU ARE CONVICTED, YOU WILL BE LIABLE TO A FINE/SURCHARGE. FAILURE TO PAY WILL RESULT IN THE AMOUNT BEING CONVERTED TO A CIVIL JUDGEMENT MADE AGAINST YOU.

SIGNATURE: _____ DATE: _____