REQUEST FOR A COURT HEARING

Return this form to: Parking Violations Bureau
25 Plattekill Ave.
New Paltz NY 12561
(845) 255-0130

I, Name _____ Phone # _____

Address: _____ License Plate # (lines below):

_____ State: _____ # _____

_____

Do hereby plead NOT GUILTY to:

Parking Ticket Number:_____ Dated:_____

For:_____

Location of Violation:_____

I have read & understand the following:

--Payment of a ticket by anyone is a plea of GUILTY! Refunds will not be made if ticket is later dismissed.

--LATE FEES accrued for failure to pay tickets in a timely manner will not be waived if the defendant fails to appear in court.

--LATE FEES accrued by defendant while waiting for a court date will be based upon the decision of the judge when the defendant appears in court.

--TRIALS will be scheduled only ONCE. If the defendant fails to appear, a second trial will not be scheduled.

I also understand that by entering a plea of NOT GUILTY that the matter (s) will be transferred to the New Paltz Justice Court for further action.

_____ _____

Signature Date Signed

Please DISREGARD any Warning or Final Notices concerning any ticket you may be pleading NOT GUILTY to. The Court Judge will assign any fines that may be due for the ticket. IF you fail to appear for your trial ALL PENALTIES will apply!

COLLEGE STUDENTS: You must return for your trial even if school is not in session.