

**JUSTICE COURT
TOWN OF PELHAM**

*34 FIFTH AVENUE
PELHAM, NY 10803
914-813-9403*

WRITTEN PLEA OF GUILTY

DEFENDANT'S NAME: _____

DATE OF BIRTH: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

CASE NUMBER: _____

TYPE OF VIOLATION(S): _____

I DO HEREBY PLEAD **GUILTY** TO THE ABOVE REFERENCED CASE/TICKETS.

DATE: _____ SIGNATURE: _____