



**TOWN OF GREECE
 JUSTICE COURT
 4 VINCE TOFANY BLVD.
 GREECE, NY 14612
 Telephone (585) 227-3110 - Fax (585) 227-7637**



**Town Justice
 David M. Barry Sr., Administrative Judge
 Brett C. Granville
 Vincent B. Campbell
 Shannon O'Keefe Pero**

**William D. Reilich
 Town Supervisor**

PLEA

NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY/STATE/ZIP _____

I, _____ AM PLEADING

(CHOOSE ONE) GUILTY _____ NOT GUILTY _____

TICKET NUMBER(S) _____

SIGNATURE _____ DATE _____

I request a Supporting Deposition (this can only be requested within 30 days of receiving a ticket) YES _____ NO _____

OPERATING WITHOUT INSURANCE VTL 319.1

The DMV will revoke your license for at least one year if you plead guilty. (additional civil penalty of \$750 assessed by DMV before application for a license or registration can be issued. DMV automatically revokes driver license and/or registration for at least one year.

I have read the above penalties and do still wish to plead guilty (initials) _____