



**TOWN OF GREECE
JUSTICE COURT
4 VINCE TOFANY BLVD.
GREECE, NY 14612**

Telephone (585) 227-3110 - Fax (585) 227-7637



Town Justice

**Brett C. Granville, Administrative Judge
Brian E. Marianetti
Shannon J. Pero
Debra A. Crowder**

**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) _____