



**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) \_\_\_\_\_