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

Jeffery L. McCann
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)_____