

**Town of Amsterdam Court**  
283 Mannys Corners Road  
Amsterdam NY 12010  
Phone (518) 842-7411 Fax (518) 860-2165

Plea Form

I, \_\_\_\_\_, DOB \_\_\_\_\_,  
have a traffic ticket in the Town of Amsterdam court.

For the violation of Ticket number/Docket/Charge (if available)

\_\_\_\_\_

I hereby enter a plea of        **GUILTY**    **NOT GUILTY**        (please circle one)

Is this a change of your original plea?    **YES**    **NO**        (please circle one)

**PLEASE PRINT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_