

Town of Amsterdam Court
283 Mannys Corners Road
Amsterdam NY 12010
Phone (518) 842-7411 Fax (518) 843-6934

Plea Form for Suspended License / Request Court Date

I, _____, DOB _____,
have a traffic ticket(s) in the Town of Amsterdam court which is currently suspended or will be
suspended on the following date _____.

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)

****If your license is currently suspended, please enclose the suspension lift fee in the form of a money order or certified bank check. The suspension lift fee is \$70 per traffic ticket. It is advised you call the court office for the correct amount.**

****If you plead not guilty:** Once this form is received a court date will be scheduled for you to appear and a letter will be mailed to your address. Please note that if you do not appear on your scheduled court date, your license may be suspended again.

PLEASE PRINT

Name: _____

Address: _____

Phone: _____

Signature _____ Date _____