

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

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 _____