



State of New York  
Unified Court System  
**ONEONTA CITY COURT**  
81 Main Street, Public Safety Building  
Oneonta, NY 13820  
Phone: (607) 376-5380  
Hours: 8:30 a.m. to 4:30 p.m.

Hon. Robert A. Gouldin  
City Court Judge

Christine Haynes  
Chief Clerk

**NOT GUILTY PLEA**

I, \_\_\_\_\_, charged with the traffic violation of  
\_\_\_\_\_ (name of charge), Section \_\_\_\_\_ of the Vehicle and Traffic Law of  
the State of New York, do hereby:

- (a) waive arraignment in open court
- (b) enter a plea of NOT GUILTY to the offense charged

© understand that I will receive an "appearance date" pursuant to Section 1806 of the Vehicle and Traffic Law of the State of New York, and if I fail to appear for any future appearance dates that my driver's license will be suspended AND I will be subject to an additional \$70.00 fee per ticket to restore my license. I understand that if I am an out-of-state licensed driver that New York State has reciprocity with other states and that my privilege to drive in New York State will be suspended and that my license in my state of residence may also be suspended.

(d) (  ) (check if requested) request a Supporting Deposition.

NOTE: SUPPORTING DEPOSITIONS MUST BE REQUESTED NO LATER THAN 30 DAYS AFTER THE RETURN DATE OF THE TICKET. THE DEFENDANT MUST ALSO HAVE BEEN ARRAIGNED BEFORE THE COURT OR HAVE FILED A WRITTEN NOT GUILTY PLEA WITH THE COURT WITHIN 48 HOURS OF THE DATE OF THE ISSUANCE OF THE TICKET.

(d) affirm, under penalty of perjury, that all statements are true.

Dated: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

NOTE: If you are under 18 years of age, you must provide the name and address of your parent/guardian:

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

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