



State of New York  
 Unified Court System  
**ONEONTA CITY COURT**  
 79-81 Main Street, Public Safety Building  
 Oneonta, NY 13820  
 Telephone: (607) 376-5380  
 Hours: 8:30 a.m. to 4:30 p.m.

Hon Robert A. Gouldin  
**City Court Judge**

**Casey M. Johnson**  
**Acting Chief Clerk**

This form cannot be used for Misdemeanor charges or if pleading guilty will result in a third speed (VTL 1180) conviction within the past 18 months.

**GUILTY PLEA- APPLICATION AND WAIVER**

I, \_\_\_\_\_, charged with the traffic infraction of \_\_\_\_\_, Section \_\_\_\_\_ of the Vehicle and Traffic Law, do hereby  
 (name of charge)

(a) waive arraignment in open court and the aid of counsel

(b) acknowledge receipt of the following warning, if applicable:  
 "A plea of guilty to this charge is equivalent to a conviction after trial. If you are convicted, you are liable to the imposition of a penalty, but in addition, your license to drive a motor vehicle or motorcycle, and your certificate of registration, if any, are subject to suspension and revocation as prescribed by law".

© affirm that I do not have any prior Vehicle and Traffic Law convictions in New York State within the past three (3) years except as noted below:

Prior Conviction \_\_\_\_\_ Date of Prior Conviction \_\_\_\_\_

Prior Conviction \_\_\_\_\_ Date of Prior Conviction \_\_\_\_\_

(d) understand that when I receive my fine/surcharge letter, if I fail to pay the fine and surcharge by the date imposed by the Court, 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 driver in New York State will be suspended and that my license in my state of residence may be suspended.

(e) plead GUILTY to the offense as charged and request that this charge be disposed of and the fine or penalty be fixed by the Court.

(f) make the following statement or explanation with regard to this charge: \_\_\_\_\_

(g) 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: \_\_\_\_\_ Address: \_\_\_\_\_