



# Maricopa County Justice Courts, Arizona

CASE NUMBER: \_\_\_\_\_

STATE OF ARIZONA

vs.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Defendant(s) Name / Address / Email / Phone

Attorney for Defendant(s) Name / Address / Email / Phone

### CIVIL TRAFFIC PLEA

Change of Plea

A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_ D. \_\_\_\_\_ E. \_\_\_\_\_

A. \$ \_\_\_\_\_ B. \$ \_\_\_\_\_ C. \$ \_\_\_\_\_ D. \$ \_\_\_\_\_ E. \$ \_\_\_\_\_

**I ADMIT RESPONSIBILITY:** Defendant admits responsibility for the civil traffic violation(s) set forth in the complaint, and pays the scheduled civil penalty listed for the violation(s):

**I ADMIT RESPONSIBILITY WITH AN EXPLANATION:** Defendant admits responsibility for the civil traffic violation(s) set forth in the complaint, and asks the court to consider the explanation given before imposing a civil penalty.  
Explanation: \_\_\_\_\_

**I ADMIT RESPONSIBILITY FOR DRIVING WITH EXPIRED REGISTRATION, 28-2532A, AND PROVIDE PROOF OF CURRENT REGISTRATION:** Defendant admits responsibility for driving with expired registration, but has renewed the registration and attaches proof of same to this ANSWER, and accepts a reduced penalty in the amount of \$ \_\_\_\_\_. Payment of the penalty is enclosed.

**I ASK FOR A DISMISSAL OF 28-4135 B or C AND PROVIDE EVIDENCE OF INSURANCE:** Defendant certifies that the requirements for financial responsibility have been met and that a policy was in effect on the date of the citation. Defendant attaches proof of insurance to this ANSWER.

**I ASK FOR A DISMISSAL OF 28-3169 AND PROVIDE A LEGIBLE OR DUPLICATE DRIVER'S LICENSE:** A copy of the defendant's driver's license is attached for the purpose of dismissal of this complaint.

**I DENY RESPONSIBILITY:** Defendant denies responsibility for the civil traffic violation(s) set forth in the complaint and requests a hearing. Defendant waives the right to attend a Defensive Driving Class.

I am making a deposit of the scheduled civil penalty listed for the violation(s). The deposit insures that my drivers license will NOT be suspended should I fail to appear at the scheduled hearing.

A. \$ \_\_\_\_\_ B. \$ \_\_\_\_\_ C. \$ \_\_\_\_\_ D. \$ \_\_\_\_\_ E. \$ \_\_\_\_\_

**You must return this form with your payment before \_\_\_\_\_, or the court will enter judgment for the state impose the full civil penalty and report the judgment to the Department of Transportation and order immediate suspension of your driver's license.**

If you are required to pay fines, penalties, fees or other financial obligations as a result of a judgment of this court and you are unable to pay, bring this to the attention of court staff or the judge because payments over time or other alternatives may be available.

Date: \_\_\_\_\_

Defendant