



Maricopa County Justice Courts, Arizona

ARRAIGNMENT PLEA-DURING A PUBLIC HEALTH EMERGENCY

I, _____ wish to enter the following plea for ticket number _____
(Citation number located in the upper left hand corner)

given to me by Department of Public Safety (DPS) Maricopa County Sheriff's Office (MCSO)
 OTHER AGENCY NAME _____

The date the citation was received: _____

FILL IN THE CHARGE - MARK THE BOX THAT THE OFFICER CHECKED ON YOUR TICKET.
YOU MUST FILL OUT EACH CHARGE THAT APPEARS ON YOUR TICKET.

CHARGE (SECTION-EXAMPLE 28-701A)	CIVIL TRAFFIC	CRIMINAL	CRIMINAL TRAFFIC	PETTY OFFENSE
A.				
B.				
C.				
D.				
E.				

FOR CIVIL TRAFFIC ONLY

I, _____ plead responsible for Section(s) A B C D E
Name

I, _____ plead Not Responsible for Section(s) A B C D E
Name

I, _____ want to go to driving school for Section A B C D E
Name

I HAVE PROOF OF and am including a copy of:

Insurance Registration License Tint removal Other be specific: _____

Please attach a copy to this form and send with your pleadings

FOR CRIMINAL OR CRIMINAL TRAFFIC OR PETTY OFFENSE ONLY

Criminal Rules of Procedure 14.2(c)(2): **(c) Exception for Limited Jurisdiction Courts.** An arraignment is not necessary if the court permits a defendant to enter a not-guilty plea by mail and to receive notice of a court date by mail. Delivery of the notice is presumed if the notice is deposited in the U.S. mail, addressed to the defendant's last known address, and the notice is not returned to the court.

I, _____ enter a plea of not-guilty. _____
Name Initials

I understand that a Telephonic PreTrial Conference will be scheduled in the near future on this matter and I will receive notice of my court date by mail.

Signature

Date

YOU MUST return this document with your proof, signed and initialed. Please provide the court with your current identification, e-mail, and cell number via the designated court's email address, fax number, or U.S. postal address.

Street: _____

City, State Zip: _____

Phone: _____
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E-Mail: _____