

RETURN FORM

PLEA	
IMPORTANT: CONCERNING THE CONSEQUENCES OF THIS PLEA, SEE BACK OF THE STATEMENT OF OFFENCE	
TO THE INFRACTION DESCRIBED IN PART B OF THE STATEMENT OF OFFENCE	
No. _____	, I PLEAD:
<input type="checkbox"/> Guilty	<input type="checkbox"/> Not guilty <i>(If you wish to provide explanations, write them below)</i>
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Signature _____	Date _____ Y M D
If address has changed Indicate new address _____ <hr/> <hr/>	
Postal code _____	

Return mailing address
for plea and any payment

REQUEST FOR SENTENCE				
Minimum sentence	Costs	Contribution	Amount requested	
\$ +	\$ +	\$	=	\$

Sum paid

Date of service

Y	M	D