

PLEA FORM

PLEA	
IMPORTANT: SEE THE BACK OF THE STATEMENT OF OFFENCE FOR INFORMATION ON THE CONSEQUENCES OF YOUR PLEA	
TO THE OFFENCE DESCRIBED IN SECTION C OF STATEMENT No. _____, I PLEAD:	
<input type="checkbox"/> GUILTY	<input type="checkbox"/> NOT GUILTY
Signature _____	Date _____
Please enter any change of address	

_____ POSTAL CODE	

Address where plea and (if applicable) payment must be sent

NOTICE OF PENALTY				
Minimum fine		Costs	Contribution	Total amount
\$	+	\$	+	\$
			=	\$

Amount paid
\$

Date of service
Y - M - D