

PLEA

Ticket number		
Last name		First name
Address		
City		Postal code
Area code Home phone°	Area code Work phone°	Ext.°
Area code Cellphone°	Area code Fax°	
Email		
<input type="checkbox"/> <i>I plead guilty to the violation indicated on the ticket.</i> <input type="checkbox"/> <i>I plead not guilty to the violation indicated on the ticket.</i> <input type="checkbox"/> <i>I would like a daytime hearing.</i> <input type="checkbox"/> <i>I would like an evening hearing.</i> <p><i>* Please note that the court is under no obligation to grant your requested hearing time.</i></p> <input type="checkbox"/> <i>I want to change my plea from not guilty to guilty and I will not come to the hearing.</i> <p><i>I understand that by changing my plea I will incur an extra fee.</i></p>		

Defendant's signature	Date		
	Year	Month	Day

Please submit this form by mail or in person to:

Ville de Québec municipal court registry
 1130 route de l'Église, Québec City, QC, G1V 4X6
 or by email to: courmunicipale@ville.quebec.qc.ca