

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ**

*For Court Use Only*

**SANTA CRUZ BRANCH**  
701 Ocean Street, Room 120  
Santa Cruz, CA 95060



**WATSONVILLE BRANCH**  
1 Second Street, Room 300  
Watsonville, CA 95076

[www.santacruzcourt.org](http://www.santacruzcourt.org)

**PLEA FORM**

*Traffic & Minor Violation*

Name: \_\_\_\_\_ Citation or Case #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Choosing Your Plea:** To have your request considered, you need to say you are responsible by choosing a plea of no contest or guilty. **If you don't want to say you are responsible or don't understand your rights, do not use this form.** Instead, talk to the court to set up a court date.

By choosing a plea you are giving up these rights:

- The right to be represented by an attorney, employed/paid for by you;
- The right to have a speedy and public trial in front of a judicial officer within 45 days of your plea.
- The right at that trial to see, hear, confront, and ask questions of the witness called against you;
- The right at that trial, to remain silent or stay quiet and not testify or say anything that could make you seem guilty; but you could testify or tell your side of the story if you wish;
- The right to present information/evidence and use Court order to compel the attendance of witnesses and production of documents;
- Your guilt at trial needs to be proved beyond a reasonable doubt;
- The right to be sentenced as soon as 6 hours but no more than 5 days after you admit the charges, or after you are found guilty at a trial.

**Your Plea:**

This is my case. I have read and understand the rights I am giving up. I waive my right to an arraignment in a courtroom. I am making my decision freely and willingly.

☐ **No contest plea.** I understand that if I say no contest, it means the same as saying guilty, and the court will find me guilty. I agree to plead no contest in this case.

☐ **Guilty plea.** I agree to plead guilty in this case.

**I request that my case(s) be considered for:**

☐ Community Service Hours. I understand I must pay a fee to the Community Service Agency.

☐ Bicycle Safety School. I understand that I must pay a fee for the Bicycle Safety School.

☐ Other: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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☐ **GRANTED:** See Attached Order ☐ **DENIED:** \_\_\_\_\_

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

Judicial Officer: \_\_\_\_\_

Deputy Clerk: \_\_\_\_\_