## SHAKER HEIGHTS MUNICIPAL COURT CUYAHOGA COUNTY

STATE OF OHIO/CITY OF	CASE NO.
Plaintiff )	
-vs-	
NAME )	Notice to Defendant Charged with Traffic Offense(s)
Defendant )	T PLAN OPTION
1. PAINLEN	I PLAN OPTION
Court. You may enter a plea of guilty in writing attached document (written plea of guilt form) have to appear in court. By signing and return	ore traffic offenses in the Shaker Heights Municipal and be placed on a payment plan by returning the diagram). If you enter a guilty plea in writing, you will not a sing this document you will be automatically placed all amount you will owe for your ticket is \$XXXX. you once the Court receives your guilty plea.
through the mail: Shaker Heights Municipal C	ase return the completed written plea of guilt form Court, 3355 Lee Road, Shaker Heights Ohio, 44120 attached document 7 days before your court date.
ADDITION	VAL OPTIONS:
	prior to the court date. The total amount you will hay be paid online (www.shakerheightscourt.org) or
	OR
date by answering the phone number  between 1:30 p.m. and 4:30 p.r.  your telephonic court date you must conta phone number. The court will call you tha	m. If you need to change your phone number before cet the clerk's office at 216-491-1300 to update your afternoon. You will have the opportunity to plead to not answer your phone call at the time of your

You must chose options 1, 2 or 3. Failure to resolve your case in one of these ways may result in contempt proceedings which could include the issuance of a warrant or a

Date Onl 1, 2020

driver's license or registration block.

Judge K. J. Montgomery Journalized\_

y\_\_\_\_\_Clerk of Court

## SHAKER HEIGHTS MUNICIPAL COURT CUYAHOGA COUNTY

STATE OF OHIO	O/CITY OF	)	CASE NO.
	Plaintiff	)	
		)	
-V\$-	)		
		)	
NAME	)	Written Plea of Guilt for Traffic Offense	
		)	
	Defendant	)	
By cianin	a this document. I am	raa to nlao	d multivito the charges listed shove in the S

By signing this document, I agree to plead guilty to the charges listed above in the Shaker Heights Municipal Court. I understand that I will placed on a payment plan and will be required to pay \$40.00 per month until the bill is paid in full. I also understand that I can pay online at shakerheightscourt.org. I understand that failure to comply with this agreement could result in contempt proceedings.

Signature:
Date:
Phone Number:
Email Address:
Current Mailing Address: