



## RECORDER'S COURT OF CHATHAM COUNTY

133 Montgomery Street

Savannah, GA 31401

(912) 652-7425

Email: [recorderscourt@savannahga.gov](mailto:recorderscourt@savannahga.gov)

Defendant First & Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Citation and/or Case Number: \_\_\_\_\_

Court Date & Time: \_\_\_\_\_

### Recorder's Court Traffic Plea via email:

Comes now, the above listed defendant would like to enter this written plea to the charge or charges of:

I request that the court accepts my proof of verification of the charging offense(s). I waive my rights to appear in court or to request for a non-jury trial. I understand that my plea will not be accepted until I receive a written verification by email from the court. Furthermore, I understand that I must submit payment of the courts imposed court fees within 10 days of response from the court unless put on a payment plan.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**PLEASE CHECK THE BOX THAT APPLIES**

- Provided proof with a Plea of guilty
- Requesting no points or point reduction Plea
- Requesting a Nolo Contendere Plea

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

**PLEASE CHECK THE BOX THAT APPLIES**

- Pay in Full
- Payment Plan (an additional \$35 will be added)

**PLEASE SEND REQUESTS TO EMAIL ABOVE.**

**Note: All Requests must be submitted 10 Days before court date. If you have a license from another state and are asking for no points please contact your department of driver services because different rules might apply.**

FOR OFFICE USE ONLY:

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