

**IN THE MUNICIPAL COURT OF THE CITY OF CANBY  
COUNTY OF CLACKAMAS, STATE OF OREGON**

CITY OF CANBY,	)	Citation No: _____
	)	
Plaintiff,	)	<b>PLEA OF NOT GUILTY and</b>
vs.	)	<b>REQUEST FOR TRAFFIC TRIAL</b>
	)	
_____	)	
Defendant	)	

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

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

Telephone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

I plead "Not Guilty" to each of the violations or I am contesting each of the infractions listed below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Choose One:**

\_\_\_\_\_ **IN-PERSON TRIAL:** I request an **IN PERSON TRIAL**. Written notice of my trial date will be mailed to me at the mailing address I have provided to the Court (above). If I do not receive the trial notice within 14 days, I will call the Court at (503)266-4027, Option 7 to obtain my trial date and time.

\_\_\_\_\_ **TRIAL BY AFFIDAVIT:** I request a **TRIAL BY AFFIDAVIT** and I waive my right to have testimony presented orally in court. Written notice of my trial date will be mailed to me at the mailing address I have provided to the Court (above). If I do not receive the trial notice within 14 days, I will call the Court at (503)266-4027, Option 7 to obtain my trial date and time. My Affidavit/Declaration must be received by the Court no later than the date stated in my Trial by Affidavit Notice. I understand that the Canby Municipal Court is not a Court of Record and there will be no recording of the trial proceedings to review.

**Read and initial each of the following.** I understand that:

\_\_\_\_\_ I waive the opportunity to participate in the court's Good Driver Diversion Program, the "Fix It" Program and any other court program that might result in a dismissal of this violation/infraction.

\_\_\_\_\_ The fine amount on my citation will not be reduced if I am found guilty or the infraction is upheld at trial.

\_\_\_\_\_ I must notify the Court of changes to my mailing address and telephone number.

\_\_\_\_\_ If I will be represented by an attorney, a Notice of Representation must be filed with the Court at least 14 days before my scheduled trial date.

\_\_\_\_\_ Failure to appear at the trial date and time set by the court will result in a finding of guilty on all charges, doubling of all fines and an additional \$100 failure to appear fee.

\_\_\_\_\_ Any request to reschedule the trial date must be made to the court within 14 days of the scheduled trial date.

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