

8

**8A**

**CONTROLLED SUBSTANCE REGISTRATION APPLICATION**

Nevada State Board of Pharmacy  
985 Damonte Ranch Pkwy, Suite 206 - Reno, NV 89521

Registration Fee: \$80.00 (non-refundable money order or cashier's check only)

(This application cannot be used by PA's or APRN's)

First: ROGER Middle: MAURICE Last: BELCOURT Degree: MD

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Practice Name (if any): Nevada Occupational Health

Nevada Address: 3488 Goni Road Suite #: 141

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: CARSON CITY State: NV Zip Code: 89706

E-mail: NVBELL.NET Contact E-mail: same

Work Telephone: (775) 887-5030 Fax: (775) 887-5040

Practitioner License Number: 5427 Specialty: OCCUPATIONAL MEDICINE

Sex: ☒ M or ☐ F

**You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.**

		Yes	No
<b>Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?....</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? .....		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ...		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>If you marked YES to any of the numbered questions (1-3) above, include the following information &amp; provide an explanation and documentation:</b>			
Board Administrative Action:		State	Date: / /
Criminal Action:	State	Date:	Case #: County Court

**It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.**

**I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.**

Roger M. Belcourt  
Original Signature, no copies or stamps accepted.

01/07/2020  
Date

Board Use Only: Date Processed: \_\_\_\_\_ Amount: \$80.00

Roger M. Belcourt, M.D., M.P.H.  
Faos Ct.  
Reno, NV 89511

January 7, 2020

Dear Pharmacy Board,

This letter is written to clarify the positive response on the credentialing application.

On July 21, 1988, while a physician on U.S.A.F. active duty, I was arrested for self-prescribing controlled substances. My hospital privileges were suspended while the incident was investigated. In August 1988, I underwent an eight week inpatient chemical dependency treatment program at the Naval Alcohol Rehabilitation Center in San Diego (Miramar), Ca. A few months after my release from treatment, I was court-martialled by the Air Force. Pleading guilty, I was dismissed from the service.

Following my release, I met with the investigative branch for the Board of Medical Quality Assurance in California. After reviewing my case, they elected to take no action against my medical license in lieu of my enrollment in the California Physician's Diversion Program. I successfully completed this program on January 15, 1993 after just over 3 years of monitoring and participation (letter attached). My California Medical license is completely clear.

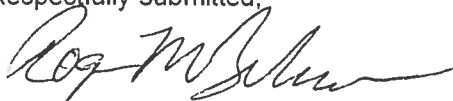
The DEA conducted their own investigation and said I must continue participation in the Diversion program and keep a log of all the controlled substances I prescribed. I signed an agreement in September 1991. The investigator at the Sacramento DEA office was Sharon Lick. The DEA did not restrict my prescribing license in any manner and my stipulation was successfully completed in September 1993.

I applied to have my Nevada license (#5427) activated in early 1993. I met with the investigative committee on March 4, 1993 in Las Vegas. This committee, along with the full medical board, decided to take no action against my license in lieu of my signing an agreement for monitoring. I was released from all monitoring in December 1995. In 1994, I was named as a physician consultant to the Nevada State Board of Medical Examiners for monitoring impaired providers in Nevada and I served as the President of the Nevada Health Professionals Assistance Foundation from 2004-2008.

My case has been fully investigated by two state medical boards as well as the DEA. I previously held a Nevada Pharmacy Board License from 1993 until 2010

Should you have any questions, please let me know at the earliest possible date.

Respectfully submitted,



Roger M. Belcourt, M.D., M.P.H.

Roger Belcourt, M.D., MPH, FACOEM  
Regional Medical Director  
Nevada and Oregon

775.326.8333 Ext. 207 (p)  
866.594.1374 (t)  
775.742.0505 (c)  
1530 East 6th Street  
Reno, NV 89512

**Concentra™**

Improving America's health, one patient at a time

roger\_belcourt@concentra.com  
www.concentra.com

**Concentra™**  
treated right

May 5, 2009


Carolyn Cramer  
General Counsel  
Nevada State Board of Pharmacy  
431 W. Plumb Lane  
Reno, NV 89509

Dear Ms. Cramer,

Thank you for meeting with you to discuss my Pharmacy Board License (CS06804 & CS06804D), specifically as it relates to my most recent applications in the Fall of 2008. I completed these applications without due diligence and mistakenly answered the questions related to addiction and substance abuse in the negative. In fact, after nearly 20 years in addiction recovery, I relapsed and went to treatment for 90 days at Betty Ford Center in March, 2008. Following my release, I enrolled in the Nevada Health Professionals Assistance Program, where my recovery has been monitored and documented. There are no pending medicolegal, civil, or criminal issues. I was not engaged in patient care at the time I went to treatment.

I wish to correct these issues of fact in my file. Please advise of necessary steps in completing this objective.

Respectfully,

  
Roger M. Belcourt, MD, MPH

[www.concentra.com](http://www.concentra.com)

Roger M. Belcourt, MD, MPH  
1530 E. 6th Street  
Reno, NV 89511  
775.326.8333 X207 ph  
775.326.8078 Fax

[Roger\\_Belcourt@Concentra.com](mailto:Roger_Belcourt@Concentra.com) email

Improving America's health, one patient at a time.



# Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509  
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444  
E-mail: [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov) • Website: [bop.nv.gov](http://bop.nv.gov)

May 8, 2009

Roger M. Belcourt, MD, MPH  
1530 E. 6<sup>th</sup> Street  
Reno, Nevada 89511

Dear Dr. Belcourt:

Thank you for stopping by our office on May 5, 2009, and bringing to my attention the mistake you made on your registration renewal. We will put your letter dated May 5, 2009 with your fall 2008 renewal in your file so our records are corrected. There will be no further action with regard to this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "CJ Cramer", is written over the typed name.

Carolyn J. Cramer  
General Counsel  
Nevada Board of Pharmacy

**MURRAY BROOKS LADC PhD**

1925 N Carson St Carson City NV 89701

(775) 220-1479

murraybrooks@live.com

Nevada State Board of Pharmacy  
Attention Candy M Nally  
Licensing Specialist  
985 Damonte Ranch Parkway Suite #206  
Reno NV 89521  
[cnally@pharmacy.nv.gov](mailto:cnally@pharmacy.nv.gov)

02/20/2020

Ref. Roger M Belcourt MD

Please accept this letter as verification that Dr. Belcourt has been enrolled in monitored substance use aftercare through LifePath Recovery since July of 2008. He remains enrolled in the program after completing a five year contract, on a voluntary basis, and is compliant with recommendations and program requirements. No indications of any chemical use issues have occurred over the past 12 years of testing. This program has an agreement to provide monitoring with the Nevada State Board of Medical Examiners.

For confidentiality reasons, we do not disclose client notes.

Respectfully



Wm. Murray Brooks, LADC PhD

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug use patient.

**8B**



## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

**CONTROLLED SUBSTANCE APPLICATION Registration Fee: \$200.00**

(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

(This application cannot be used by PA's or APRN's)

First: Andrew Middle: Stephen Last: Podley

Practice Name (if any): \_\_\_\_\_

Nevada Address: Maryland Pkwy Suite #: \_\_\_\_\_

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: Las Vegas State: NV Zip Code: 89109

PO Box: \_\_\_\_\_ SS# or ITIN: \_\_\_\_\_

E-mail address: \_\_\_\_\_ .edu

Work Telephone: 716 313 4353 Personal Phone: \_\_\_\_\_Fax: \_\_\_\_\_ Degree: M.D.Date of Birth: \_\_\_\_\_ Sex: ☒ M or ☐ FPractitioner License Number: 19584 OK Specialty: Anesthesiology

**You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.**

		Yes	No
<b>Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?....</b>			
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? .....		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ...		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>If you marked YES to any of the numbered questions (1-3) above, include the following information &amp; provide an explanation and documentation:</b>			
Board Administrative Action:	State	Date:	Case #:
		<u>11</u>	
Criminal Action:	State	Date:	Case #:
<u>Acquitted DWI</u>	<u>NY</u>	<u>12/18/2018</u>	<u>NFB28KCQFC</u>
	County		Court
	<u>Erie</u>		<u>Buffalo City Court</u>

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Andrew Podley  
Original Signature, no copies or stamps accepted.

05/03/2020  
Date

Board Use Only: Date Processed: \_\_\_\_\_ Amount: 200.00

Pertinent Documentation for Affirmative response to question #1

Dear Nevada State Board of Pharmacy

I answered yes to question #1. There are two reasons that I answered yes to this question. The first reason that I answered yes to this question is because on 07/30/2012 I was pulled over for speeding. The officer saw a suspicious package and asked to see what was inside. The package contained a small amount of cannabis and a pipe. I was given a written arrest for possession of a small amount of cannabis and related drug paraphernalia. I completed an outpatient substance abuse/ chemical dependence treatment program on 04/30/2013. The charges were dismissed on 05/06/2013. The charges were expunged on 03/11/2014. I have included copies of the paperwork related to this incident in this packet.

The second reason that I answered yes to this question is because on 08/09/2018 I was pulled over for driving in the city of Buffalo, NY with no headlights on. The officer who pulled me over said that he smelled alcohol on my breath and gave me a roadside sobriety test. I was arrested for BAC above 0.08 (BAC registered as 0.12 on the Breathalyzer) and with driving while under the influence of alcohol. On 12/18/2018 the charge for BAC above 0.08 was dismissed and also I was acquitted of the DWI charge. I have included copies of the paperwork related to this incident in this packet.

Currently, I do not use cannabis nor do I drive under the influence. Currently, I do not engage in unprofessional behavior. I regret bad decisions I have made in the past, and have made changes in my life to ensure that I am a better person. There have been no other issues with the law other than the two dates for which I was arrested as mentioned above. If there is any further questions I can answer or documentation that I can provide please reach out to me.

Sincerely,



Andrew Stephen Podley MD

IN THE COUNTY COURT OF THE THIRD  
JUDICIAL CIRCUIT, IN AND FOR  
MADISON COUNTY, FLORIDA.

STATE OF FLORIDA

-vs-

CASE NO: MA12MM008720A  
CLERK NO: 12-000257-MM-(A)

ANDREW STEPHEN PODLEY

Defendant(s),

CHARGE:

1. POSSESSION OF 20 GRAMS  
CANNABIS OR LESS
2. POSSESSION OF DRUG  
PARAPHERNALIA

**NOTICE OF TERMINATION  
OF DEFERRED PROSECUTION**

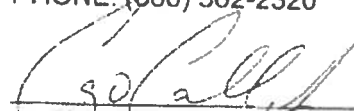
COMES NOW the State of Florida, by the undersigned Assistant State Attorney, and gives its Notice of Termination of Deferred Prosecution in the above-styled cause.

The above named Defendant, Andrew Stephen Podley, is hereby terminated from the Deferred Prosecution program effective 05/01/2013, by reason of successful completion of said program.

The above-styled cause of action stands dismissed effective 05/01/2013.

Dated this 6<sup>th</sup> day of May, 2013.

OFFICE OF THE STATE ATTORNEY  
THIRD JUDICIAL CIRCUIT  
100 SE COURT STREET  
LIVE OAK, FL. 32064  
PHONE: (386) 362-2320



CAREY D. CARMICHAEL, JR.  
ASSISTANT STATE ATTORNEY  
FLORIDA BAR NO. 0028863

Original: Clerk of Court for filing  
Copy To: Sheriff Ben Stewart  
Tor J. Friedman  
State Attorney  
Andrew Stephen Podley

IN THE COUNTY COURT OF THE  
THIRD JUDICIAL CIRCUIT, IN  
AND FOR MADISON COUNTY,  
FLORIDA

CASE #: 12-000257-MM-(A)

Arrest Agency Case FHPH120FF018253

STATE OF FLORIDA,

vs.

Andrew Stephen Podley  
Name of Defendant/Petitioner

Date of Birth

5W 93 Avenue  
Current Mailing Address

Miami, FL 33176  
City/State/Zip

CERTIFIED A TRUE COPY  
TIM SANDERS  
CLERK CIRCUIT COURT  
MADISON COUNTY, FLORIDA  
BY Angela Bell  
DEPUTY CLERK

**ORDER TO EXPUNGE PURSUANT TO SECTION 943.0585, FLORIDA STATUTES,  
and FLORIDA RULE OF CRIMINAL PROCEDURE 3.692**

THIS CAUSE was considered upon petition to expunge certain records of the defendant/petitioner's arrest on the 30th<sup>th</sup> day of July, 2012 by the Florida Highway Patrol for Possession of Cannabis and Possession of Paraphernalia. Having reviewed the record and/or having heard argument of the defendant/petitioner or counsel and being otherwise fully advised in the premises, the court finds the following:

1. The defendant/petitioner has never previously been adjudicated guilty of a criminal offense or a comparable ordinance violation.
2. The defendant/petitioner was not adjudicated guilty of charges stemming from the arrest of criminal activity to which this expunction petition pertains.
3. The defendant/petitioner has not secured a prior records expunction or sealing.
4. This record has either been sealed for at least 10 years; or no indictment or

information was ever filed in this case against the petitioner; ~~or~~ the prosecutor or the court dismissed an indictment or information filed against the defendant.

THEREFORE, it is

ORDERED and ADJUDGED that the petition to expunge is granted. All court records pertaining to the above-styled case shall be expunged in accordance with the procedures set forth in the Florida Rule of Criminal Procedure 3.692.

ORDERED and ADJUDGED that the clerk of this court shall forward a certified copy of this order to the prosecuting authority (check one) DB State Attorney of the Third Judicial Circuit; \_\_\_\_\_ Special Prosecutor; or \_\_\_\_\_ Statewide Prosecutor; and to the arresting Agency, Florida Highway Patrol, and the Sheriff of Madison County, all of whom will comply with the procedures set forth in section 943.0585, Florida Statutes, and appropriate regulations of the Department of Law Enforcement, and all of whom will forward a copy of this order to any agency that their records reflect has received the instant criminal history record information.

ORDERED and ADJUDGED that the Florida Highway Patrol Shall expunge all information concerning indicia of arrest or criminal history record information regarding this defendant/petitioner in accordance with the procedures set forth in Section 943.0585, Florida Statutes, and Florida Rule of Criminal Procedure 3.692.

DONE and ORDERED at Madison County, Florida, this 11<sup>th</sup> day of

March, 2014.

E. B. B.  
COUNTY JUDGE

Certificate #: U-000007117-F

Page 1 of 1



**BUFFALO CITY COURT**  
 50 Delaware Avenue, Buffalo, NY 14202  
 Phone: (716) 845-2689 Fax: (716) 847-8257

**FEE**  
 Non-Public  
 Version

The People of the State of New York  
 vs.  
**Andrew S. Podley**

Certificate of Disposition  
 Docket Number: **CR-11142-18**

Defendant DOB:

Arrest Date: **08/10/2018**Arraignment Date: **09/04/2018**

THIS IS TO CERTIFY that the undersigned has examined the files of the Buffalo City Court concerning the above entitled matter and finds the following:

Count	Arraignment Charge	Charge Weight	Disposition	Disposition Date
1	VTL 1192.02 UM Oper MV Bac 08 Of 1st Off **SEALED 160.50**	UM	Dismissed (Trial Order of Dismissal (CPL 290.10 (1)), Sealed 160.50)	12/18/2018
2	VTL 1192.03 UM DWI- 1st Offense **SEALED 160.50**	UM	Acquitted	12/18/2018

Count	Ticket No.	Incident Date	Conviction Charge	Charge Weight	Conviction Charge Description	Conviction Type	Conviction Sentence Date	Sentence Highlights
3	NFB28KCQKN	08/09/2018	VTL 0374.2A1	1	Equip Vio- No Inadequate Lights	Tried-Found Guilty	12/18/2018	<ul style="list-style-type: none"> <li>• Surcharge (MS) (\$55.00), Add'l (\$28.00), CVAF (\$4.00) - due 03/01/2019</li> <li>• Fine (\$200.00) - due 03/01/2019</li> </ul>

All fines, fees & surcharges imposed at sentence are paid in full.

Dated **December 26, 2018**

*Erika L. Webb*  
 Chief Clerk/Clerk of the Court

CAUTION: THIS DOCUMENT IS NOT OFFICIAL UNLESS EMBOSSED WITH THE COURT SEAL

It shall be an unlawful discriminatory practice, unless specifically required or permitted by statute, for any person, agency, bureau, corporation or association, including the state and any political subdivision thereof, to make any inquiry about, whether in any form of application or otherwise, or to act upon adversely to the individual involved, any arrest or criminal accusation of such individual not then pending against that individual which was followed by a termination of that criminal action or proceeding in favor of such individual, as defined in subdivision two of section 160.50 of the criminal procedure law, or by a youthful offender adjudication, as defined in subdivision one of section 720.35 of the criminal procedure law, or by a conviction for a violation sealed pursuant to section 160.55 of the criminal procedure law, or by a conviction which is sealed pursuant to section 160.58 or 160.59 of the criminal procedure law, in connection with the licensing, employment or providing of credit or insurance to such individual, provided, further, that no person shall be required to divulge information pertaining to any arrest or criminal accusation of such individual not then pending against that individual which was followed by a termination of that criminal action or proceeding in favor of such individual, as defined in subdivision two of section 160.50 of the criminal procedure law, or by a youthful offender adjudication, as defined in subdivision one of section 720.35 of the criminal procedure law, or by a conviction for a violation sealed pursuant to section 160.55 of the criminal procedure law, or by a conviction which is sealed pursuant to section 160.58 or 160.59 of the criminal procedure law. The provisions of this subdivision shall not apply to the licensing activities of governmental bodies in relation to the regulation of guns, firearms and other deadly weapons or in relation to an application for employment as a police officer or peace officer as those terms are defined in subdivisions thirty-three and thirty-four of section 1.20 of the criminal procedure law; provided further that the provisions of this subdivision shall not apply to an application for employment or membership in any law enforcement agency with respect to any arrest or criminal accusation which was followed by a youthful offender adjudication, as defined in subdivision one of section 720.35 of the criminal procedure law, or by a conviction for a violation sealed pursuant to section 160.55 of the criminal procedure law, or by a conviction which is sealed pursuant to section 160.58 or 160.59 of the criminal procedure law. [Executive Law § 296 (16)]

Conviction charges may not be the same as the original arrest charges.  
 Arraignment charges may not be the same as the original arrest charges.

CPL 160.50. All official records (excluding published court decisions or opinions or records and briefs on appeal) related to the arrest or prosecution on file with the Division of Criminal Justice Services, any court, police agency or prosecutor's office shall not be available to any person or public or private agency.

New York State - Department of Motor Vehicles  
UNIFORM TRAFFIC TICKET

**NFB28KCPT3**  
To be completed by Police Officer  
and given to Motorist

POLICE AGENCY  
TRANSIT AUTHORITY POLICE  
Local Police Code: **18-016677**

Last Name (Defendant):  
**PODLEY** First Name: **ANDREW** M: **8**

City and Street:  
**MEYER RD A** Apt No: **0** Building Show: **0**

City:  
**AMHERST** State: **NY** Zip Code: **14226** Owner Code: **0** License Class: **D**

Sex: **M** Date of Birth: **02/13/2021**

Plate No.: **NY** Year: **1** Year Code: **2004** Make: **TOYT** Color: **TR**

Reg State: **NY** Registration Expires: **06/12/2020**

## THE PERSON DESCRIBED ABOVE IS CHARGED AS FOLLOWS

Date: **11:46 PM** Date of Offense: **08/09/2018** VIOLATION OF: **NYS V AND T LAW**

Section: **5th Section** Traffic: **0** Motorist: **0** MFL: **0** MFL Zone: **0**

Description of Offense:  
**DRIVING OF 1% OR MORE OF ALC (MISD)**

Place of Occurrence:  
**1585 MAIN ST** City: **Buffalo, City of - 1601** County: **ERIE** City Type: **MOICER** City Code: **01437**

AFFIRMED UNDER PENALTY OF PERJURY:  
*[Signature]* Date Affirmed: **08/16/2018** Of Affirm: **1 - PATROL** Badge/ID: **0137**

Officer's Last Name:  
**BLUMAN** First Name: **J** M: **0**

From Officer's Signature: \_\_\_\_\_

THIS MATTER IS SCHEDULED TO BE HANDLED ON THE APPEARANCE DATE BELOW

**BUFFALO CITY COURT**  
Address:  
**50 DELAWARE AVE**  
City: **BUFFALO** State: **NY** Zip: **14202**

☐ RETURN BY MAIL BEFORE OR IN PERSON ON  
☒ MUST APPEAR IN PERSON ON **08/31/2018** Time: **9:30 AM**

**A PLEA OF GUILTY TO THIS CHARGE IS EQUIVALENT TO A CONVICTION AFTER TRIAL. IF YOU ARE CONVICTED, NOT ONLY WILL YOU BE LIABLE TO A PENALTY, BUT IN ADDITION YOUR LICENSE TO DRIVE A MOTOR VEHICLE OR MOTORCYCLE, AND YOUR CERTIFICATE OF REGISTRATION, IF ANY, ARE SUBJECT TO SUSPENSION AND REVOCATION AS PRESCRIBED BY LAW.**

Conviction may subject you to a mandatory surcharge and/or Driver Responsibility Assessment as prescribed by law.

Your failure to respond may result in a warrant for your arrest or suspension of your driver's license and/or a default judgement against you.

TO PLEAD BY MAIL  
(NOT TO BE USED FOR MISDEMEANORS OR FELONIES)

- If you are pleading "GUILTY" by mail, place an "X" through SECTION B, then complete and sign SECTION A.
- If you are pleading "NOT GUILTY" by mail, place an "X" through SECTION A, then complete and sign SECTION B.
- Mail this form to the Court noted on this ticket by Registered, Certified or First Class Mail, with Return Receipt Requested.
- DO NOT use this form for Misdemeanors or Felonies or for a third or subsequent speeding violation in an 18 month period. Instead you must appear in the Court noted on this ticket in person.
- If the Court denies your plea, you will be notified by mail to appear in the Court noted on the front of this ticket.

## SECTION A - PLEA OF GUILTY

To the Court listed on the other side of this ticket

I, \_\_\_\_\_, residing at: \_\_\_\_\_, have been charged with the violation as specified on the other side of this ticket. I acknowledge receipt of the warning printed in bold type on the other side of this ticket, and I waive arraignment in open court and the aid of an Attorney. I plead GUILTY to the offense as charged and request that this charge be disposed of and a fine or penalty fixed by the court.

Additionally, I make the following statement of explanation (optional): \_\_\_\_\_

All statements are made under penalty of perjury.

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

## SECTION B - PLEA OF NOT GUILTY

The following notice applies to you if the officer did not issue you a supporting deposition with your ticket.

**NOTICE: YOU ARE ENTITLED TO RECEIVE A SUPPORTING DEPOSITION FURTHER EXPLAINING THE CHARGES PROVIDED YOU REQUEST SUCH SUPPORTING DEPOSITION WITHIN THIRTY (30) DAYS FROM THE DATE YOU ARE DIRECTED TO RESPOND TO THE COURT NOTED ON THE OTHER SIDE OF THIS APPEARANCE TICKET. DO YOU REQUEST A SUPPORTING DEPOSITION?**

Yes ☐ No ☒

**SUPPORTING DEPOSITION PROVIDED WHEN THIS TICKET WAS ISSUED?**

**NO** ☒ **SPEEDING (Gen 101)** ☐  
**GENERAL (Gen 101A)** ☐

Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

NOTE: Mail this NOT GUILTY Plea within 48 hours. The court will notify you by First Class Mail of your appearance date.

APPLICANTS UNDER 18 YEARS OF AGE  
MUST SUBMIT NAME AND ADDRESS OF PARENT OR GUARDIAN BELOW

Name of Parent or Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

FAILURE TO ANSWER THIS TICKET WILL RESULT IN THE SUSPENSION OF YOUR LICENSE AND A DEFAULT JUDGEMENT AGAINST YOU.



NFB28KCPT3

