

# Goodyear Municipal Court Plead by Mail, Fax, or Walk-In Form

Customer Service Hours: Monday - Friday, 8:30am to 4:30pm, Except Holidays

See Map on the Attached Brochure for Driving Directions

**MAIL OPTION** – Complete this form then mail it along with any applicable payment in the attached envelope to:

**GOODYEAR MUNICIPAL COURT**  
14455 W. Van Buren St., Suite B101, Goodyear, AZ 85338

**THE COURT ONLY ACCEPTS MONEY ORDERS AND CASHIER'S CHECKS BY MAIL.  
ANY PERSONAL CHECKS MAILED IN WILL BE RETURNED TO THE ADDRESS PROVIDED ON THIS FORM**

- FAX OPTION** – Complete this form then fax it to **(623) 932-6936** during the customer service hours listed on the top of this form. Then call the Court at **(623)882-7200** to ensure that your fax has been received and that it is legible. Payment amounts owed, if any, can be made by phone using a credit or debit card when you call the Court.
- WALK-IN OPTION** – Complete this form, then on or before your court date take this form to the Court during the customer service hours listed on the top of this form. Court staff at the front counter will assist you with payment options. This is the best option if you have items such as application for payments).
- TO PLEAD RESPONSIBLE** – You may pay online at [www.goodyearcourtpay.com](http://www.goodyearcourtpay.com) or call **1 (623) 282-3272**.  
If your violation is eligible for a reduced fine per the enclosed Fine Schedule, you must provide proof to the court prior to paying online.

If you are required to pay fines, penalties, fees or other financial obligations as a result of a judgment of this court and **you are unable to pay**, bring this information to the attention of court staff or the judge because payments over time or other alternatives may be available. Do not ignore your responsibility to pay, as this may result in additional penalties and costs to you. For more information, contact the court or an attorney or visit the following website: [www.goodyearaz.gov/court](http://www.goodyearaz.gov/court)

1. **Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
**Court "Appear" Date** (see bottom of citation) \_\_\_\_\_  
**Complaint Number** (see top of citation) \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

2. **Pleading** (choose either "**Responsible/Guilty**" or "**Not Responsible/Not Guilty**" or "**Driving Class**")  
You can only go to Driving Class for **one (1)** eligible moving violation (see instructions on PAGE 1). You must enroll in an approved defensive driving class before mailing in this form. Use an "X" to mark your choice.

For violation <b>A</b> I plead	( ) Responsible/Guilty	( ) Not Responsible/Not Guilty	( ) Driving Class
For violation <b>B</b> I plead	( ) Responsible/Guilty	( ) Not Responsible/Not Guilty	( ) Driving Class
For violation <b>C</b> I plead	( ) Responsible/Guilty	( ) Not Responsible/Not Guilty	( ) Driving Class
For violation <b>D</b> I plead	( ) Responsible/Guilty	( ) Not Responsible/Not Guilty	( ) Driving Class
For violation <b>E</b> I plead	( ) Responsible/Guilty	( ) Not Responsible/Not Guilty	( ) Driving Class

**PAYMENT AMOUNTS** (If you plead Responsible/Guilty to **ALL** of your violation(s) enter the amounts listed on the back of this form.

3. If you plead **NOT RESPONSIBLE** to **ANY** violation(s) skip this and go directly to Item 5.

If you are mailing this before the court date listed on your citation enter the **PAYMENT AMOUNT**. If you are paying after the court date enter the **DEFAULT AMOUNT**. Do not enter an amount for a violation that you have enrolled in Driving Class for.

Violation **A** - Enter either **PAYMENT AMOUNT** or **DEFAULT AMOUNT** \$ \_\_\_\_\_  
Violation **B** - Enter either **PAYMENT AMOUNT** or **DEFAULT AMOUNT** \$ \_\_\_\_\_  
Violation **C** - Enter either **PAYMENT AMOUNT** or **DEFAULT AMOUNT** \$ \_\_\_\_\_  
Violation **D** - Enter either **PAYMENT AMOUNT** or **DEFAULT AMOUNT** \$ \_\_\_\_\_  
Violation **E** - Enter either **PAYMENT AMOUNT** or **DEFAULT AMOUNT** \$ \_\_\_\_\_

4. **Total** amount you owe \_\_\_\_\_ \$ \_\_\_\_\_

5. **IMPORTANT:** I understand that if I plead Not Responsible/Not Guilty to any violation(s) I am requesting a hearing to contest such violation(s) and I will receive a NOTICE OF HEARING from the court which will be mailed to the address I listed on this form. I understand that if I fail to appear for my hearing I will be found Responsible/Guilty by default, and my driving privileges will be suspended if I do not pay any amount owed on the date of my hearing or complete an application for time payments at the court. When I appear for my hearing I understand that I will also have to pay amounts for any charges on my citation that I plead Responsible/Guilty to at that time. I understand that payment amounts are due the date of sentencing. I may be allowed to make pay over time in multiple payments only if I complete an "application for time payments form", and the court approves it. I understand that if I plead Responsible/Guilty to any violation(s) I am waiving my right to a hearing/trial.

6. **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's Signature (required if less than 18)** \_\_\_\_\_ **Date** \_\_\_\_\_