

Goodsprings Justice Court

ADJUDICATION FORM

GSPTraffic@clarkcountynv.gov

FAX: (702) 874-1612

DEFENDANT NAME **CITATION #** **APPEARANCE DATE**

I, (print name) _____, am an Attorney licensed to practice in the State of Nevada. I have been retained by the defendant named above for the purpose of representing him/her in court. I have advised the defendant of all of his/her Constitutional rights, including the right to appear in Court and my client freely, voluntarily, and intelligently waives/gives up these rights. I have informed the defendant of the adjudication and sentencing requirements and have confirmed that she/he understands it is her/his responsibility to comply with the Court's sentencing requirements in the time given or a Bench Warrant will be issued for the defendant's arrest. I hereby request Goodsprings Justice Court accepts the plea(s) entered below for each of the defendant's violations and to adjudicate the case(s) listed below according to the current Court Procedures for Moving Traffic Violations. I understand that if the plea(s) is accepted, the Goodsprings Justice Court will fax a copy of the adjudication to the number provided below. Cases not listed below will continue to be processed by the Goodsprings Justice Court in the normal fashion, including, but not limited to the issuance of Bench Warrants for non-appearance and/or non-compliance with Court orders. I certify that the information provided is true and correct.

DATE **ATTORNEY SIGNATURE** **BAR NUMBER** **PHONE NUMBER** **FAX NUMBER**

VIOLATIONS	PLEA (PLEASE CIRCLE)	AMENDED TO: (**COURT USE ONLY**)
A)	<i>GUILTY</i> <i>NOLO</i> <i>NOT GUILTY</i>	
B)	<i>GUILTY</i> <i>NOLO</i> <i>NOT GUILTY</i>	
C)	<i>GUILTY</i> <i>NOLO</i> <i>NOT GUILTY</i>	

** _____ IF REQUESTING to lower points and/or amend the infraction to a Non-Moving Violation, please provide a current three (3) year driving record (Check online with your local DMV). **

COURT USE ONLY

<u>TRAFFIC SCHOOL</u>
<input type="checkbox"/> LEVEL I (5 HOUR) <input type="checkbox"/> LEVEL II (8 HOUR)
Please have Client send certificate to Court by email or Fax. GSPTraffic@clarkcountynv.gov Fax: 702-874-1612

<u>DECISION BASED DRIVING CLASS</u>
<input type="checkbox"/> ADMINISTERED AT THE GOODSPRINGS JUSTICE COURT AT NO CHARGE
Please have Client call or email court to schedule. Phone: 702-874-1405

<u>TOTAL FINES + FEES</u>
A. _____
B. _____
C. _____
TOTAL: \$ _____

JUDICIAL SIGNATURE/ DATE **COURT APPEARANCE OR REQUIREMENTS DUE BY**

If the defendant fails to make payments as ordered above, efforts will be made to collect the judgment without further notice. Collection efforts may include assignment to a collection agency, notice to Nevada Department of Motor Vehicles, and/or additional collection costs. If the defendant decides to change their plea on the above case(s), please send the court a **Not Guilty Plea** in writing to FAX (702)874-1612 or email GSPTraffic@clarkcountynv.gov. Please allow 7 judicial days for processing this document.