JUSTICE COURT, BOULDER TOWNSHIP

501 Avenue G Boulder City, NV 89005
Phone (702)455-8000 Fax (702)455-8003 Email: BoulderCityJCPR@ClarkCountyNV.gov

WRITTEN ENTRY OF RESPONSE FORM

Civil Violations Only

No Contest: A reply of no contest, means that you are not denying the offense alleged on the citation. You are saying that you do not intend to contest the charge[s]. In this case, Judge will find you responsible for the charge[s] and assess the proper penalty. If you wish the Court to consider reducing the penalty, request a payment plan, or do community service in lieu of the penalty you may include that request in writing with this form. ****YOU MUST PROVIDE A 10-YEAR TRAFFIC RECORD FROM DMV****

Contest: A reply contesting the offense alleged on the citation means that you are denying the charge[s] and are demanding that the entity prove the allegations by a "preponderance of the evidence". **You may be required to post bond/cash with the court in the amount of penalties; this is discretionary on the part of the court.** You may contest your citation in writing or in person, in an in-person hearing.

Name: _____ Citation#: _____

Address: _____

Email: _____ Telephone#: _____

I wish to reply:

- ☐ No Contest to the infraction
- ☐ No Contest with Explanation (Written statement must be sent along with this form.)
- ☐ Contest the infraction in writing (Your written statement must be included with this form.)
- ☐ Contest the infraction in Person (The court will inform you of the date and time of that hearing.)

If replying No Contest, I am also requesting:

- ☐ Traffic School (to possibly remove points from driver's license, will not remove points for **CDL**)
- ☐ Payment Plan
- ☐ Community Service
- ☐ Other_____

I hereby consent to entry of my reply by signing below.

Signature: _____ Date: _____

Signature of Parent/Guardian: _____ (if applicable) Date: _____

(By signing attorney confirms they have authority from the above named defendant to submit this response)

Attorney printed name _____

Attorney signature: _____ *Bar No.*_____

*Attorney e-mail*_____ *Attorney Fax*_____

ADJUDICATION: (Court Use Only)

JUDGEMENT COUNT #1: PENALTY: $_____ TRAFFIC SCHOOL: YES NO ADDITIONAL FINDINGS_____

JUDGEMENT COUNT #2: PENALTY: $_____ TRAFFIC SCHOOL: YES NO ADDITIONAL FINDINGS_____

Payments can be made at clarkcountynv.gov (fees apply) along with a list of all approved Traffic Safety School. The Certificate of completion for Traffic school and Fines+ Fees must be to our office by: _____ CLERKS INITIALS _____

JUDICIAL SIGNATURE: _____ DATE: _____

** FORM(S) MUST BE FILLED OUT AND SUBMITTED EITHER BY EMAIL OR FAX AND RECEIVED BY THE COURT WITHIN 90 DAYS FROM THE DATE OF CITATION ISSUANCE **