

ORO VALLEY MAGISTRATE COURT
11000 N. La Canada Dr. • Oro Valley, AZ 85737
Tel: (520) 229-4780 Fax: (520) 229-4789
Monday – Friday 8am - 5pm

ADMIT RESPONSIBILITY
Payment Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone:
Daytime: _____ Evening: _____

CITATION/COMPLAINT NO. _____

Violation Code (Charge Cited)	Fine Due (See bond/fine schedule)
_____	A = \$ _____
_____	B = \$ _____
_____	C = \$ _____
_____	D = \$ _____
_____	E = \$ _____
Add Court Security Fee	\$ _____ 25.00
Total Fine Due:	\$ _____

I hereby enter a plea of **RESPONSIBLE** to the civil charge(s) alleged in my Citation/Complaint. I waive my rights to a hearing and consent to the entry of a judgment and fines in the amount set out in the bond/fine schedule in this insert.

Signature of Defendant Date

METHOD OF PAYMENT:

Money Order Check Cashier's Check Payable to **Oro Valley Magistrate Court**