



**City of Hilliard Mayor's Court  
3800 Municipal Way  
Hilliard, Ohio 43026  
614-876-7361**

**Credit Card Payment Form  
Fax Payment To:  
614-529-6036**

**Defendant Name (print)** \_\_\_\_\_ **Ticket Number:** \_\_\_\_\_

I, the undersigned defendant, do hereby enter my written plea of guilty to the offense(s) charged in this ticket. I realize that by signing this guilty plea I admit my guilt of the offense(s) charged and waive my right to contest the offense in a trial before the court. Further, I realize that a record of this plea will be sent to the Ohio Bureau of Motor Vehicles. I plead guilty to the offense(s) charged.

\_\_\_\_\_  
Signature of Defendant \_\_\_\_\_  
Date

**Include Proof of Insurance (If current proof was not shown to Police Officer).**

**ALL INFORMATION MUST BE PROVIDED TO RUN THE TRANSACTION:**

**Ticket Number = Invoice Number** \_\_\_\_\_

**Visa/Mastercard Account Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **V-Code** \_\_\_\_\_  
3 digit

**Street # of Cardholder's billing address:** \_\_\_\_\_

**Zip code of Cardholder's billing address:** \_\_\_\_\_

**Print name of Cardholder:** \_\_\_\_\_

**Phone number:** (    ) \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Authorized amount \$:** \_\_\_\_\_

**Address to mail receipt:** \_\_\_\_\_

Please print clearly

**IF PAYMENT IS NOT RECEIVED ON OR BEFORE YOUR COURT DATE AND YOU DO NOT RESOLVE THIS MATTER THE COURT WILL FORFIET YOUR LICENSE WHICH WILL RESULT INTO A SUSPENSION WITH THE BMV.** If you have any questions you may call our office at (614) 876-7361 Monday through Thursday between the hours of 8:00am and 4:00pm.