

OFFICE OF THE CLINTON COUNTY DISTRICT ATTORNEY

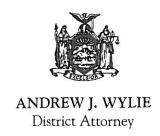


Clinton County Government Center 137 Margaret Street, Suite 201 Plattsburgh, New York 12901

APPLICATION TO REDUCE TRAFFIC INFRACTION(S)

The purpose of this application is to provide the public with a means to have their traffic infractions <u>reviewed</u> by the District Attorney. The Court has the final decision as to the outcome of the reduction and sets all fines/fees.

Name:	Date of Birth:	_ Age:
Driver's License: State #	Tel. #:	
Address:	City/State:Zi	ip Code:
Court:	Judge (if known)	
Charges:	Ticket Number:	
Date Ticket(s) issued:	Date of Incident if different:	
Issuing Agency:	Issuing Officer:	
Were you also charged with a Penal Law	w offense or D.W.I./D.W.A.I.?	□ No □ Yes
Was there an accident? □ No □ Yes	Was there property damage?	□ No □ Yes
Was there a fatality? □ No □ Yes	Was there personal injury?	□ No □ Yes
Name of deceased person(s) or injured p	person(s)	
Property other than your vehicle damage	ed:	
Name(s) of owner(s) of damaged proper	rty:	Later to the control of the control
Do you have a lawyer? □ No □ Yes	Is this matter scheduled for trial?	□ No □ Yes
If yes, lawyer's name and address:		
Was a roadside reduction given by the iss	suing officer?:	□ No □ Yes
Have you applied for a traffic ticket redu	action in N.Y.S. over the last 24 months?:	□ No □ Yes
I understand that in making this request	for a reduction, I waive all rights to a spe	edy trial.
A reduction should be granted for the fo	ollowing reasons: (attach additional sheet	if necessary):
IN A WRITTEN INSTRUMENT, ANY PER THAT SUCH PERSON DOES NOT BELIEVE	SUANT TO PENAL LAW § 210.45 SON WHO KNOWINGLY MAKES A FALSE VE TO BE TRUE HAS COMMITTED A CRIN UNISHABLE AS A CLASS "A" MISDEMEAN	ME UNDER THE
THIS DAY OF	, 20	TATIDE
(UTT Form 6/09)	APPLICANT'S SIGN	NATUKE



OFFICE OF THE **CLINTON COUNTY** DISTRICT ATTORNEY

Tel. (518) 565-4770 Fax. (518) 565-4777

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INSTRUCTION SHEET

ALL APPLICATIONS MUST BE HANDLED THROUGH THE MAIL

DO NOT SUBMIT applications for child seat belt violations or cell phone violations. We will not reduce them.

You must notify the Court in writing that you are submitting an application for reduction and request a 30 day adjournment of your case.

Your application will be processed only if the following documents are provided: 1. П APPLICATION IS COMPLETED AND SIGNED 2. CLEAR COPY OF YOUR TRAFFIC TICKET(S)- If you have already returned your ticket(s) to the Court, you must contact the Court to request a copy. Do not send your original ticket(s). Our Office is not responsible for originals. Please keep a copy of this application and the other documents for your records. 3. ANY OF THE FOLLOWING APPLICABLE DRIVING HISTORIES: □New York State Department of Motor Vehicles Abstract of Driving Record an application for your abstract can be obtained from the N.Y.S. D.M.V. office □Out of State Applicants – a copy of your State Driving Record/History □Ouébec Applicants – a copy of your dossier de Conduite á la Société de l'Assurance Automobile du Québec (SAAQ) Other Canadian Applicants- a copy of your driving record from the Ministry of Transportation 4. П CLEAR COPY OF YOUR STATE/PROVINCIAL DRIVER'S LICENSE 5. A SELF-ADDRESSED STAMPED ENVELOPE - You will not receive a response from this office and will have to contact the Court directly for the People's decision. 6. INSURANCE COVERAGE LETTER – Only if your traffic infraction involves any accident. This office will not consider any reduced charge without proof that the other party's damage has been resolved. MAIL APPLICATIONS TO: CLINTON COUNTY DISTRICT ATTORNEY'S OFFICE TRAFFIC BUREAU

137 MARGARET STREET, SUITE 201 PLATTSBURGH, NEW YORK 12901