



ANDREW J. WYLIE
District Attorney

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 reviewed** 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: _____ Zip 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 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 person(s) _____

Property other than your vehicle damaged: _____

Name(s) of owner(s) of damaged property: _____

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 issuing officer?: No Yes

Have you applied for a traffic ticket reduction 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 speedy trial.

A reduction should be granted for the following reasons: (attach additional sheet if necessary):

NOTICE PURSUANT TO PENAL LAW § 210.45

IN A WRITTEN INSTRUMENT, ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT THAT SUCH PERSON DOES NOT BELIEVE TO BE TRUE HAS COMMITTED A CRIME UNDER THE LAWS OF THE STATE OF NEW YORK PUNISHABLE AS A CLASS "A" MISDEMEANOR.

AFFIRMED UNDER PENALTY OF PERJURY

THIS _____ DAY OF _____, 20 _____

APPLICANT'S SIGNATURE



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INSTRUCTION SHEET



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

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. **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
 - Québec 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. **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