



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



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

**INSTRUCTION SHEET**

**ALL APPLICATIONS MUST BE HANDLED THROUGH THE MAIL**

**PLEASE DO NOT SUBMIT** applications for child seat belt violations. **We will not reduce them.**

Please notify the Court in **writing** that you are submitting an application and request a 30 day adjournment of your case.

**Your application will be processed only if the following documents are provided and completed:**

1.  **APPLICATION (SIDE 2) 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.  **CLEAR COPY OF YOUR STATE/PROVINCIAL DRIVER'S LICENSE**
4.  **ONE 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
5.  **A SELF-ADDRESSED, STAMPED BUSINESS-SIZED ENVELOPE.**  
You may provide an email address in place of the self addressed envelope if you wish to receive an electronic copy.
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  
Email: TrafficBureau@co.clinton.ny.us



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**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: \_\_\_\_\_ ID#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Town Court: \_\_\_\_\_ Charge(s): \_\_\_\_\_

Ticket Number(s): \_\_\_\_\_ Date Ticket(s) Issued: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Issuing Officer: \_\_\_\_\_

Was There An Accident?  No  Yes Was There Property Damage?  No  Yes

Name(s) of Owner(s) of Damaged Property: \_\_\_\_\_

Was There Personal Injury?  No  Yes Name of Injured Person(s) \_\_\_\_\_

Do You Have a Lawyer?  No  Yes If Yes, Lawyer's Name: \_\_\_\_\_

Lawyer's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Was a Roadside Reduction Given by the Issuing Officer?  No  Yes  Unknown

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 reason(s): (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.**

Date: \_\_\_/\_\_\_/\_\_\_

Applicant's Signature: \_\_\_\_\_