



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 OR EMAIL.
NO FAXES WILL BE ACCEPTED

PLEASE DO NOT SUBMIT

Applications For: Child Seat Belt Violations, Cell Phone Violations *or* Violations for Failed Due Care For
Emergency Vehicle Stopped or Standing (VTL 1144a)

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--
Your abstract can be obtained from your local Department of Motor Vehicles or online at:
www.nydmv.state.ny.us

Out of State Applicants – a copy of your State Driving Record/History from DMV.

Québec Applicants – a copy of your dossier de Conduite á la Société de
l'Assurance Automobile du Québec (SAAQ). www.saaq.gouv.qc.ca

Other Canadian Applicants- a copy of your driving record from the Ministry of
Transportation

5. A SELF-ADDRESSED, STAMPED BUSINESS-SIZED ENVELOPE OR EMAIL ADDRESS
If you do not supply either an envelope or an email address you will not get a response
from this office.
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.**

PLEASE PRINT CLEARLY

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: _____