

## 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 (VTL Section 1229c1-1229c2)  
Failed Due Care For Emergency Vehicle Violations (VTL Section 1144)

**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.dmv.ny.gov](http://www.dmv.ny.gov)

**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](http://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@clintoncountygov.com](mailto:TrafficBureau@clintoncountygov.com)**



OFFICE OF THE CLINTON COUNTY DISTRICT ATTORNEY



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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? Was There Property Damage?

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

Was There Personal Injury? Name of Injured Person(s):

Do You Have a Lawyer? If Yes, Lawyer's Name:

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

Was a Roadside Reduction Given by the Issuing Officer?

Have You Applied for a Traffic Ticket Reduction in N.Y.S. Over the last 24 Months?

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: (UTT Form 7/13)

Applicant's Signature: Side 2 of 2