

Application to Reduce Vehicle & Traffic Charges

APPLICANT'S INFORMATION

Last Name: _____
First Name: _____
Address /Street: _____
Town/City: _____ State: _____ Zip Code: _____
Email Address: _____
Phone #: _____
Date of Birth: _____
Driver's License #: _____ State: _____

TRAFFIC TICKET INFORMATION

Ticket Number(s): _____
Offense(s) charged: _____
and the VTL section(s): _____
If your offense was a VTL 1180 charge, (speeding) enter the speed you are charged with traveling followed by the speed limit. (Example 67/55): _____ / _____
Court: _____ Judge (if known): _____
Arresting Agency: _____ Arresting Officer: _____
Were you also charged with a Penal Law offense or a DWI/DWAI? Yes No
If so, you are not eligible for a reduction through this program and you should seek the advice of an attorney.
Was there an accident? Yes No If yes, number of vehicles involved: _____
Was there a fatality Yes No If so, you are not eligible for a reduction through this program and you should seek the advice of an attorney.
Did someone other than yourself receive an injury? Yes No If so, you are not eligible for a reduction through this program and you should seek the advice of an attorney.
Has this case been set for trial? Yes No If yes, date of trial: _____, _____
Have you previously applied to this office for a reduction on this or any other matters? Yes No
If yes, when and for what _____
A reduction should be granted for the following reason (attach additional page if needed): _____

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 _____, _____ X _____
APPLICANT'S SIGNATURE