

**MICHAEL J. POULIN
DISTRICT ATTORNEY
COUNTY OF FULTON
State of New York**



Fulton County Office Building
Johnstown, NY 12095
Phone: (518) 736 -5511
Fax: (518) 762 -2042

TRAFFIC REDUCTION REQUEST FORM

Name: _____ Date of Birth: ___/___/___ Telephone #: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

If an attorney is retained in this matter, the ATTORNEY should contact us and provide their contact information.

PLEASE NOTE: We do not reduce child seat belt violations or equipment violations or non-moving, no-point violations (such as inspection or equipment tickets).

A REQUEST FOR A REDUCTION ON: Aggravated Unlicensed Operation (AUO), Suspended Registration, or Insurance Lapse violation **REQUIRES** proof that the suspension/issue has been cleared through the NYS Department of Motor Vehicles.

IMPORTANT: It is your responsibility to contact the court where the ticket was issued and request an adjournment while you await a reduction from this office. **Your request for a reduction will only be processed when the following documents are provided to this office:**

- ___ **1. Clear copy of your traffic tickets.** If you have already returned your tickets to the Court, you must contact the Court and request a copy. **DO NOT** send originals to this office.
- ___ **2. Copy of your Driving History attached** (obtained from your local DMV office). **NOTE: DMV charges a fee for this.**

Have you applied for a traffic reduction in the last 18 months? **YES / NO** (circle one). **If YES,** please list all reductions you have received in the last 18 months and in what court from on the reverse side.

- ___ **3. Accident Report** (if there was an accident) **attached to request.**
- ___ **4. Insurance coverage letter** (if there was an accident) **attached to request.** We will not consider a reduction without proof that the other party's damage has been covered by insurance.
- ___ **5. A self-addressed stamped envelope** (if you want a plea reduction returned before your next court appearance).

I understand that in making this request, I waive all rights to a speedy trial.

Signature of Driver

IF YOU WANT INFORMATION ON THE FULTON COUNTY TRAFFIC DIVERSION PROGRAM, YOU MUST EMAIL TrafficDiversion@fultoncountyny.gov AND REQUEST A PACKET.