

CHAD W. BROWN  
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**

**\*\*\* FOR ANY ADDITIONAL INFORMATION, PLEASE WRITE ON THE REVERSE SIDE\*\*\***