

AMANDA M. NELLIS
CHRISTOPHER M. STANYON
KATIE L. BUCKLEY
WILLIAM G. BERGER

Assistant District Attorneys

CHAD W. BROWN
DISTRICT ATTORNEY
COUNTY OF FULTON
State of New York

STEPHANIE PORTER

Crime Victim
Services Coordinator



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*****