

APPLICATION FOR REDUCTION OF CHARGES

USE ONLY IF YOU ARE NOT ELIGIBLE FOR TRAFFIC DIVERSION PROGRAM

(ONLY FOR VEHICLE & TRAFFIC: INFRACTIONS AND MISDEMEANORS)
(EXCLUDING DWAI, DWI, DWAI-DRUGS)

PLEASE FOLLOW ALL INSTRUCTIONS ON THE REVERSE SIDE OF PAGE

SECTION 1: To Presiding Magistrate, TOWN/VILLAGE, County of Otsego, State of New York.
This is an Application for Reduction of Charge(s) pending against:

DEFENDANT PHONE NUMBER

DATE OF CHARGE(S) TICKET NUMBER(S)

ORIGINAL CHARGE(S) in violation of Section of the Vehicle & Traffic Law
in violation of Section of the Vehicle & Traffic Law
in violation of Section of the Vehicle & Traffic Law
in violation of Section of the Vehicle & Traffic Law

PROPOSAL

REASON(S)

DATE SIGNATURE

Defendant or Defense Counsel (circle one)

ADDRESS

YOU MUST ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE IN ORDER FOR THIS FORM TO BE RETURNED TO YOU.

SECTION 2: THE DISTRICT ATTORNEY'S OFFICE (ACCEPTS) (REJECTS) (MODIFIES) the above proposal for Reduction of Charge(s) pending against the above captioned Defendant as follows, for the following reasons:

(AGREED) (RECOMMENDED) SENTENCE TO BE IMPOSED

DATE SIGNATURE

District Attorney, Chief Assistant District Attorney or Assistant District Attorney (circle one)

VALID ONLY FOR 60 DAYS FROM DATE SIGNED BY DISTRICT ATTORNEY'S OFFICE. PLEA WILL NOT BE ACCEPTED AFTER THAT TIME.

SECTION 3: I, (DEFENDANT) do accept the above proposed reduction in the charge(s) pending against me, and state:

- 1. There have been no promises made to me by the Court or the District Attorney's Office to induce me to agree to this proposal, except as stated herein.
2. I hereby plead guilty and admit to the underlying acts set forth in the reduction of charge(s).
3. If part of this agreement includes a recommendation as to sentence, and after accepting the plea the Court feels it cannot agree to the condition of the sentence, I will be allowed to withdraw my plea and continue with the original charge(s).
4. By this declaration, I waive my opportunity to be legally tried on the original charge(s) and confront my accuser(s) and understand the nature of this waiver.
5. I understand that by agreeing with this reduction of charge(s), I also waive my right to appeal conviction and sentence.

DATE SIGNATURE

AFTER COMPLETING SECTION 3, FORWARD FORM TO THE TOWN/VILLAGE COURT AS PER YOUR TICKET(S).

THE COURT WILL NOTIFY YOU OF YOUR FINE and/or POINTS ON YOUR LICENSE.

DO NOT SEND FORM BACK TO THE DISTRICT ATTORNEY'S OFFICE.

SECTION 4: JUSTICE of the JUSTICE COURT of the TOWN/VILLAGE (ACCEPTS) (REJECTS) (MODIFIES) this proposal.

DATE FINE \$ SC \$ SIGNATURE



OTSEGO COUNTY
DISTRICT ATTORNEY'S OFFICE
Traffic Division
197 Main Street
Cooperstown, New York 13326

INSTRUCTIONS FOR VEHICLE & TRAFFIC APPLICATION FOR REDUCTION OF CHARGES

FOR USE ONLY IF YOU ARE NOT ELIGIBLE FOR TRAFFIC DIVERSION PROGRAM

DEFENDANTS & DEFENSE ATTORNEYS - THE PURPOSE OF THIS APPLICATION IS SO THAT THE ENTIRE PROCESS CAN BE HANDLED THROUGH THE U.S. MAIL RATHER THAN APPEARING IN COURT. YOU MUST NOTIFY THE TOWN/VILLAGE COURT AND ADVISE THE COURT THAT YOU ARE HANDLING YOUR TICKET THROUGH THE DISTRICT ATTORNEY'S OFFICE, AND REQUEST THAT YOUR COURT DATE BE ADJOURNED. **WE DO NOT ACCEPT FAXED APPLICATIONS OR CALLS REGARDING TRAFFIC INFRACTIONS.**

THIS OFFICE WILL GIVE YOUR REQUEST PROMPT ATTENTION ONLY IF THE FOLLOWING INSTRUCTIONS ARE FULLY COMPLIED WITH:

1. **YOU MUST COMPLETE** all of Section 1 and forward the entire application, along with the information listed in A, B and C below, to the above address.
 - A. **COPY OF THE FRONT OF YOUR TICKET** - If you have lost your ticket(s) or have already sent your ticket(s) in to the Court you must contact the Court to send YOU a copy or a print-out of your original charge(s).
 - B. Your **ABSTRACT OF DRIVING RECORD** from the Department of Motor Vehicles of the State where you are licensed. Must be current, within 30 days of the date that this form is submitted.
 - C. **A SELF-ADDRESSED STAMPED ENVELOPE.**

IF YOU DO NOT INCLUDE ALL REQUESTED INFORMATION THIS APPLICATION WILL NOT BE PROCESSED.

2. **AFTER** the Assistant District Attorney completes Section 2 either Accepting or Modifying your proposal this office will mail this application back to you in your enclosed self-addressed stamped envelope. This application is valid only for 60 days from date of District Attorney's Office signature.
3. **YOU THEN COMPLETE** Section 3 **ACCEPTING OUR PROPOSAL AND ALL CONDITIONS** and forward the application with a self-addressed stamped envelope to the TOWN/VILLAGE COURT in which you received the ticket(s). **DO NOT SEND BACK TO DISTRICT ATTORNEY'S OFFICE.**
4. **IF THE COURT** accepts the proposal by the District Attorney's Office, the Court will then advise you of your FINE AND/OR POINTS ON YOUR LICENSE.

DO NOT CONTACT THE DISTRICT ATTORNEY'S OFFICE CONCERNING QUESTIONS ABOUT THE AMOUNT OF FINE AND POINTS. THE FINE IS AT THE COURT'S DISCRETION.

All Court mailing addresses, phone numbers and times Courts are in session are available at:
www.otsegocounty.com/depts/da/

PLEASE KEEP INSTRUCTIONS FOR FURTHER USE AND A COPY OF ALL YOUR INFORMATION FOR YOUR RECORDS.