



**OFFICE OF THE
DISTRICT ATTORNEY
SCHUYLER COUNTY**

105 Ninth Street – Unit 26
Watkins Glen, New York 14891

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INSTRUCTIONS FOR VEHICLE & TRAFFIC REQUEST FOR REDUCTION APPLICATION

**FACSIMILE APPLICATION WILL NOT BE ACCEPTED.
APPLICATIONS MUST BE HANDLED THROUGH THE MAIL.**

DEFENDANTS & DEFENSE ATTORNEYS – The purpose of this application is so that you do not have to appear in court. You must notify the Town/Village Court either in writing or by telephone, advising them that you are handling your ticket(s) through the District Attorney's Office with an application for reduction of charges and request that your court date be adjourned for 30 days.

1. **YOU MUST COMPLETE** all of Section 1 and mail to the Schuyler County District Attorney's Office, 105 Ninth Street – Unit 26, Watkins Glen New York 14891.

YOU MUST INCLUDE:

- A COPY OF THE FRONT OF YOUR TICKET – If you have lost your ticket or have already sent your ticket into the Court, you must contact the Court directly and have a copy forwarded to this office.
- YOUR DRIVING ABSTRACT – Which can be obtained through any New York State Department of Motor Vehicles.
 - OUT OF STATE APPLICATIONS – We need a copy of the driving abstract from your state of residence.
- A SELF ADDRESSED STAMPED ENVELOPE

Your application will not be processed without these three items.

2. **AFTER** the District Attorney's office completes Section 2 with a reduction offer, this office will mail to you this application in your enclosed self – addressed stamped envelope. This application is only valid for 30 days from the date of acceptance of this office. If the offer is not accepted within 30 days, the matter will be scheduled for trial.
3. **YOU THEN COMPLETE** Section 3 **ACCEPTING OUR REDUCTION AND ALL CONDITIONS** and forward the application to the **TOWN/VILLAGE COURT** where you received the ticket.
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.

PLEASE KEEP A COPY OF ALL INFORMATION FOR YOUR RECORDS.

VEHICLE AND TRAFFIC CHARGE (S)
REQUEST FOR REDUCTION

Section 1 – To Presiding Magistrate, TOWN/VILLAGE (circle one) of _____, County of Schuyler, State of New York. This is an application for reduction of charge(s) pending against:

NAME _____ DATE OF CHARGE _____

ORIGINAL CHARGES: _____ Section _____ of the Vehicle and Traffic Law
_____ Section _____ of the Vehicle and Traffic Law
_____ Section _____ of the Vehicle and Traffic Law

Brief explanation of why you should be given a reduction:

Prior V&T Conviction(s) _____

Check the appropriate box

- a. As a result of the present Vehicle & Traffic Violation there was, or was not an accident
- b. If there was an accident, was there any property damage, or was there any personal injury or death sustained by anyone in the accident.

DATE _____ SIGNATURE _____

ADDRESS _____

(You must enclose a self-addressed stamped envelope in order for the form to be returned to you)

Section 2 – The District Attorney’s Office consents to the defendant pleading guilty to :

Sentencing left to the sound discretion of the Court.

DATE _____ SIGNATURE _____

Schuyler County District Attorney

If this offer is not accepted within thirty (30) days, this matter will be scheduled for trial.

The People are ready for trial on the original charge.

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 recommendation as to sentence, and after accepting the plea, the Court feels it cannot agree to the conditions 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 accusers(s) and understand the nature of this waiver.
- 5. I understand that by agreeing to this reduction of charges(s), I also waive my right to appeal conviction and sentence.

DATE _____ SIGNATURE _____

AFTER COMPLETING THIS SECTION FORWARD TO THE TOWN/VILLAGE COURT. THE COURT WILL HAVE THE FINAL DETERMINATION AS TO WHETHER THE RECOMMENDATION IS ACCEPTED.
THE COURT WILL THEN ADVISE YOU OF YOUR FINE AMOUNT AND/OR POINTS ON YOUR LICENSE.
DO NOT SEND BACK TO THE DISTRICT ATTORNEY’S OFFICE