

INSTRUCTIONS FOR VEHICLE & TRAFFIC APPLICATION FOR REDUCTION OF CHARGES

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 in Writing 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.

FACSIMILE APPLICATION WILL NOT BE ACCEPTED, PLEASE DO NOT CONTACT THIS OFFICE BY PHONE. APPLICATION MUST BE HANDLED THROUGH THE MAIL BY FOLLOWING THE INSTRUCTIONS BELOW.

1. **YOU MUST COMPLETE** all of **Section (1)** and mail to the **Chemung County District Attorney's Office, P.O. Box 588, 226 Lake Street, Elmira, NY 14902-0588.**

YOU MUST INCLUDE:

- A. COPY OF THE FRONT OF YOUR TICKET** – if you have lost your ticket or have already sent your ticket in to the court, you must contact the court directly to send you a copy or a court printout of what your original charge(s) are:
 - Your application will not be processed without a copy of the front of your ticket or the printout of your original charge(s)
 - We are not responsible for the original.
- B. YOUR DRIVING ABSTRACT** – Which can be obtained by contacting your local Department of Motor Vehicles. This applies for all drivers, NYS and out-of-state.
 - Your application will not be processed without a copy of your driving abstract
 - We are not responsible for the original
 - Out-of-state application must provide a copy of the front of your valid driver's license along with your driving abstract.
- C. A SELF-ADDRESSED STAMPED ENVELOPE** – If you do not include a self-addressed stamped envelope this form will not be sent back to your or processed.

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

2. **AFTER** the Assistant District Attorney completes Section (2) either Accepting, Modifying or Rejecting your proposal, this office will mail to you this application in your enclosed self-addressed stamped envelope. This application is only valid for 60 days from the date of acceptance of this office.
3. **YOU THEN COMPLETE** Section (3) **ACCEPTING OUR PROPOSAL AND ALL CONDITIONS** and forward the application with a self-addressed stamp envelope to the **TOWN/VILLAGE COURT** where you received the ticket. Please do not contact the District Attorney's Office about the fine amount and/or points that may occur. You must contact the **TOWN/VILLAGE COURT** directly.

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, SURCHARGE and/or POINTS on your license.

PLEASE KEEP INSTRUCTIONS FOR FURTHER USE AND DO NOT SEND IN WITH APPLICATION

ALSO PLEASE KEEP A COPY OF ALL INFORMATION FOR YOUR RECORDS

**APPLICATION FOR REDUCTION OF CHARGES
(ONLY FOR VEHICLE & TRAFFIC: INFRACTIONS & MISDEMEANORS)
(excluding: DWI, DWAI & DWAI-Drugs)**

PLEASE FOLLOW ALL INSTRUCTIONS

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

DEFENDANT _____ **DATE OF CHARGE** _____

ORIGINAL CHARGES _____ Section _____ of the Vehicle & Traffic Law
_____ Section _____ of the Vehicle & Traffic Law
_____ Section _____ of the Vehicle & Traffic Law

PROPOSAL _____
REASON(S) _____
PRIOR CONVICTION(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/ ASSISTANT DISTRICT ATTORNEY (Circle one)
ONLY VALID FOR 60 DAYS FROM DATE OF DISTRICT ATTORNEY'S OFFICE SIGNATURE, OTHERWISE PLEA WILL NOT BE ACCEPTED

SECTION (3): I _____, (DEFENDANT) do accept the above proposed reduction in the charges 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 charges(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 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 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 WHO WILL ADVISE
YOU OF YOUR FINE AMOUNT AND/OR POINTS ON YOUR LICENSE.

DO NOT SEND BACK TO DISTRICT ATTORNEY'S OFFICE

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

DATE _____ **SIGNATURE** _____