

Reduction Request Form

JEFFERSON COUNTY DISTRICT ATTORNEY'S OFFICE

Jefferson County Office Building, Seventh Floor

175 Arsenal Street

Watertown, New York 13601

Telephone: (315) 785-3053

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Vehicle and Traffic Charge Reduction Request Form

Name: _____ Date of Birth: _____

Address:

Court: Town/Village of _____ Judge:

Charge(s): _____ Adjourned Date (if known): _____

A reduction should be granted for the following reason(s):

Were you involved in a traffic accident? ____ No ____ Yes (If "yes," enclose copy of police accident report (MV Form 104A) and letter from your insurance company stating that all claims have been settled/paid for the non-ticketed party. If no claims have been filed, the letter must state that the insurance company will assume liability.)

If charged with equipment violations, I am enclosing proof of repaired equipment violations, current vehicle inspection, vehicle registration and insurance.

Where applicable, I have enclosed a certificate of completion of a DMV approved defensive driving course since the date of my ticket.

I acknowledge, by filing this form, that I waive all rights to a speedy trial and that I am not represented by an attorney in this matter.

Notice: In a written instrument, any person who knowingly makes a false statement which such

person does not believe to be true has committed a crime under the laws of the State of New York punishable as a Class A Misdemeanor (Penal Law Section 210.45)

Date: _____

Signed: _____