



**OFFICE OF THE
CLINTON COUNTY
DISTRICT ATTORNEY**



ANDREW J. WYLIE
District Attorney

Clinton County Government Center
137 Margaret Street, Suite 201
Plattsburgh, New York 12901

Tel. (518) 565-4770
Fax. (518) 565-4777

APPLICATION TO REDUCE TRAFFIC INFRACTION(S)

The purpose of this application is to provide the public with a means to have their traffic infractions *reviewed* by the District Attorney.
The Court has the final decision as to the outcome of the reduction and sets all fines/fees.

PLEASE PRINT CLEARLY

Name: _____ Date of Birth: ___/___/___ Age: _____

Driver's License: State: _____ ID#: _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Telephone #: _____

Town Court: _____ Charge(s): _____

Ticket Number(s): _____ Date Ticket(s) Issued: _____

Issuing Agency: _____ Issuing Officer: _____

Was There An Accident? No Yes Was There Property Damage? No Yes

Name(s) of Owner(s) of Damaged Property: _____

Was There Personal Injury? No Yes Name of Injured Person(s) _____

Do You Have a Lawyer? No Yes If Yes, Lawyer's Name: _____

Lawyer's Mailing Address: _____ City: _____ State: _____ Zip _____

Was a Roadside Reduction Given by the Issuing Officer? No Yes Unknown

Have You Applied for a Traffic Ticket Reduction in N.Y.S. Over the last 24 Months. No Yes

*I understand that in making this request for a reduction, I waive all rights to a speedy trial.
A reduction should be granted for the following reason(s): (Attach Additional Sheet if Necessary)*

NOTICE PURSUANT TO PENAL LAW § 210.45

IN A WRITTEN INSTRUMENT, ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT THAT 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.

Date: ___/___/___
(UTT Form 7/13)

Applicant's Signature: _____
Side 2 of 2