



ANDREW J. WYLIE  
District Attorney

OFFICE OF THE  
CLINTON COUNTY  
DISTRICT ATTORNEY

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



Tel. (518) 565-4770

**INSTRUCTION SHEET**

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.**

**DO NOT FAX YOUR APPLICATION  
ALL APPLICATIONS MUST BE HANDLED THROUGH THE MAIL**

**DO NOT SUBMIT** applications for child seat belt violations or cell phone violations. **We will not reduce them.**

Please notify the Court in **writing** that you are submitting an application and request a 30 day adjournment of your case.

**Your application will be processed only if the following documents are completed and provided:**

1.  **APPLICATION (SIDE ONE) IS COMPLETED AND SIGNED**
2.  **CLEAR COPY OF YOUR TRAFFIC TICKET(S)-** If you have already returned your ticket(s) to the Court, you must contact the Court to request a copy. **Do not send your original ticket(s).** Our Office is not responsible for originals. Please keep a copy of this application for your records.
3.  **CLEAR COPY OF YOUR STATE/PROVINCIAL DRIVER'S LICENSE**
4. **PLEASE SEND ANY OF THE FOLLOWING APPLICABLE DRIVING HISTORIES:**
  - New York State Department of Motor Vehicles Driving Abstract** – an application for your abstract can be obtained from the N.Y.S. D.M.V. office
  - Out of State Applicants** – send a copy of your Out of State Driving Abstract
  - Québec Applicants** – a copy of your dossier de Conduite à la Société de l'Assurance automobile du Québec (SAAQ)
  - Other Canadian Applicants-** a copy of your driving record from the Ministry of Transportation
5.  **A SELF-ADDRESSED, STAMPED BUSINESS-SIZED ENVELOPE**
6.  **INSURANCE COVERAGE LETTER** – **ONLY** if your traffic infraction involves any accident, this office **WILL NOT** consider any reduced charge without proof that the other party's damage has been resolved.

MAIL APPLICATIONS TO:

CLINTON COUNTY DISTRICT ATTORNEY'S OFFICE  
TRAFFIC BUREAU  
137 MARGARET STREET, SUITE 201  
PLATTSBURGH, NEW YORK 12901



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**APPLICATION TO REDUCE TRAFFIC INFRACTION(S)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Driver's License: State \_\_\_\_\_ # \_\_\_\_\_ Tel. #: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Court: \_\_\_\_\_ Judge (if known) \_\_\_\_\_

Charges: \_\_\_\_\_ Ticket Number: \_\_\_\_\_

Date Ticket(s) issued: \_\_\_\_\_ Date of Incident if different: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Issuing Officer: \_\_\_\_\_

Were you also charged with a Penal Law offense or D.W.I./D.W.A.I.?  No  Yes

Was there an accident?  No  Yes Was there property damage?  No  Yes

Was there a fatality?  No  Yes Was there personal injury?  No  Yes

Name of deceased person(s) or injured person(s) \_\_\_\_\_

Property other than your vehicle damaged: \_\_\_\_\_

Name(s) of owner(s) of damaged property: \_\_\_\_\_

Do you have a lawyer?  No  Yes Is this matter scheduled for trial?  No  Yes

If yes, lawyer's name and address: \_\_\_\_\_

**Was a roadside reduction given by the issuing officer?:**  No  Yes

**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 reasons: (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.**

AFFIRMED UNDER PENALTY OF PERJURY  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE