APPLICATION FOR REDUCTION OF CHARGES
(ONLY FOR VEHICLE & TRAFFIC: INFRACTIONS AND MISDEMEANORS)
(EXCLUDING DWAI, DWI, DWAI-DRUGS)

PLEASE FOLLOW ALL INSTRUCTIONS ON THE REVERSE SIDE OF PAGE

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

DEFENDANT _____ **DATE OF CHARGE(S)** _____

TICKET NUMBER(S) _____

ORIGINAL CHARGE(S) _____ in violation of Section _____ of the Vehicle & Traffic Law

_____ in violation of Section _____ of the Vehicle & Traffic Law

_____ in violation of Section _____ of the Vehicle & Traffic Law

_____ in violation of 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 or Assistant District Attorney (circle one)

VALID ONLY FOR 60 DAYS FROM DATE SIGNED BY DISTRICT ATTORNEY'S OFFICE. PLEA WILL NOT BE ACCEPTED AFTER THAT TIME.

SECTION 3: I, _____ (DEFENDANT) do accept the above proposed reduction in the charged 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 a 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 accuser(s) and understand the nature of this waiver.
5. I understand that by agreeing with this reduction of charge(s), I also waive my right to appeal conviction and sentence.

DATE _____ **SIGNATURE** _____

AFTER COMPLETING SECTION 3, FORWARD FORM TO THE TOWN/VILLAGE COURT AS PER YOUR TICKET(S).
THE COURT WILL NOTIFY YOU OF YOUR FINE and/or POINTS ON YOUR LICENSE.
DO NOT SEND FORM BACK TO THE DISTRICT ATTORNEY'S OFFICE.

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

DATE _____ **FINE $**_____ **SC $**_____ **SIGNATURE** _____

OTSEGO COUNTY
DISTRICT ATTORNEY'S OFFICE
Traffic Division
197 Main Street
Cooperstown, New York 13326

INSTRUCTIONS FOR VEHICLE & TRAFFIC APPLICATION FOR REDUCTION OF CHARGES

DEFENDANTS & DEFENSE ATTORNEYS - THE PURPOSE OF THIS APPLICATION IS SO THAT THE ENTIRE PROCESS CAN BE HANDLED THROUGH THE U.S. MAIL RATHER THAN APPEARING IN COURT. YOU MUST NOTIFY THE TOWN/VILLAGE COURT AND ADVISE THE COURT THAT YOU ARE HANDLING YOUR TICKET THROUGH THE DISTRICT ATTORNEY'S OFFICE, AND REQUEST THAT YOUR COURT DATE BE ADJOURNED. WE DO NOT ACCEPT FAXED APPLICATIONS OR CALLS REGARDING TRAFFIC INFRACTIONS.

THIS OFFICE WILL GIVE YOUR REQUEST PROMPT ATTENTION ONLY IF THE FOLLOWING INSTRUCTIONS ARE FULLY COMPLIED WITH:

1. **YOU MUST COMPLETE all of Section 1 and forward the entire application, along with the information listed in A, B and C below, to the above address.**

   A. **COPY OF THE FRONT OF YOUR TICKET - If you have lost your ticket(s) or have already sent your ticket(s) in to the Court you must contact the Court to send YOU a copy or a print-out of your original charge(s).**

   B. **YOUR NEW YORK STATE ABSTRACT OF DRIVING RECORD - Which can be obtained through any New York State Department of Motor Vehicles office.**

   OR

   FOR OUT-OF-STATE LICENSED DRIVERS: You must attach a copy of your driving record which can be obtained from your state Department of Motor Vehicles.

   C. **A SELF-ADDRESSED STAMPED ENVELOPE.**

   IF YOU DO NOT INCLUDE ALL REQUESTED INFORMATION THIS APPLICATION WILL BE RETURNED UNPROCESSED.

2. **AFTER the Assistant District Attorney completes Section 2 either Accepting or Modifying your proposal this office will mail this application back to you in your enclosed self-addressed stamped envelope. This application is valid only for 60 days from date of District Attorney's Office signature.**

3. **YOU THEN COMPLETE Section (3) ACCEPTING OUR PROPOSAL AND ALL CONDITIONS and forward the application with a self-addressed stamped envelope to the TOWN/VILLAGE COURT in which you received the ticket(s). 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 AND/OR POINTS ON YOUR LICENSE.**

DO NOT CONTACT THE DISTRICT ATTORNEY'S OFFICE CONCERNING QUESTIONS ABOUT THE AMOUNT OF FINE AND POINTS. THE FINE IS AT THE COURT'S DISCRETION.

All Court mailing addresses, phone numbers and times Courts are in session are available at:
www.otsegocounty.com/depts/da/

PLEASE KEEP INSTRUCTIONS FOR FURTHER USE AND A COPY OF ALL YOUR INFORMATION FOR YOUR RECORDS.

Revised: 4/13/11
SLS