

CHENANGO COUNTY DISTRICT ATTORNEY'S OFFICE
The Eaton Center
26 Conkey Avenue, Box 126
Norwich, New York 13815

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, **IF THE JUDGE APPROVES OF THE PROPOSED DISPOSITION**. 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. **FAILURE TO DO SO MAY RESULT IN YOUR LICENSE BEING SCOFFED IN 60 DAYS. WE DO NOT ACCEPT 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. **ABSTRACT OF DRIVING RECORD** – This is your driving history which you must obtain through the New York State Department of Motor Vehicles. NYS DMV does charge a \$10.00 fee to print your abstract.
 - C. **A SELF-ADDRESSED STAMPED ENVELOPE OR A FAX NUMBER WHEREIN WE WILL FAX THE PROPOSED OFFER BACK TO YOU.**

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

***IF THE PROPOSAL LINE IN SECTION 1 OF THE APPLICATION IS NOT COMPLETED, THE DISTRICT ATTORNEY'S OFFICE WILL GIVE AN OFFER THEY FEEL IS APPROPRIATE.**

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

APPLICATION FOR REDUCTION OF CHARGES
(ONLY FOR VEHICLE AND TRAFFIC INFRACTIONS)
PLEASE FOLLOW ALL INSTRUCTIONS

SECTION 1: To Presiding Magistrate, TOWN/VILLAGE _____, County of Chenango, 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

***PROPOSAL** _____

REASON(S) _____

DATE _____ **SIGNATURE** _____

ADDRESS _____

HOME OR CELL PHONE NUMBER: _____ (Please include area code)

YOU MUST ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE OR A FAX NUMBER 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** _____

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 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** _____