

## REDUCTION REQUEST AFFIDAVIT

STATE OF NEW YORK  
COUNTY OF STEUBEN

\_\_\_\_\_ (YOUR NAME). Being duly sworn states the following :

1. I am aware that, if I make any false statement in this Affidavit, I can be prosecuted criminally under Article 210 of the Penalty Law of the State of New York and I am making this Affidavit in support of my request for a reduction of a certain Vehicle and Traffic charge as stated below.

2. Within the last thirty-six (36) months, I have been convicted of the following Vehicle and Traffic Violations within the United States of America \_\_\_\_\_

3. My date of birth is : \_\_\_\_\_ ; and I am presently reside at \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_ ; and I am employed by \_\_\_\_\_

4.. The charge which I wish to be reduced is as follows:  
COURT : \_\_\_\_\_ JUDGE : \_\_\_\_\_  
CHARGE(S) :IF SPEED VIOLATION-STATE SPEED ZONE AND SPEED CHARGED \_\_\_\_\_

DATE ARRESTED/TICKET ISSUED : \_\_\_\_\_  
ARRESTING AGENCY AND/OR OFFICER : \_\_\_\_\_

5. As a result of the present Vehicle and Traffic Violation, there was/was not an accident.  
(Circle appropriate word {s} )

6. As a result of the present Vehicle and Traffic Violation, there was/was not personal injury or death sustained by anyone involved. ( (Circle appropriate word {s} )

7. I am/am not (Circle appropriate word {s} ) represented by an attorney

8. ( If applicable ) My lawyer's name and address are as follows : \_\_\_\_\_

9. I understand that, in making this request for a reduction, I waive all rights to a speedy trial.

I HAVE ENCLOSED THE FOLLOWING:

- Copy of each ticket received
- Self-addressed stamped envelope
- Copy of my Driver's license Abstract

I UNDERSTAND THAT ABSENT THESE ITEMS THAT MY REQUEST WILL NOT BE PROCESSED.

\_\_\_\_\_  
DEFENDANT