



OFFICE OF THE
DISTRICT ATTORNEY
BROOKS T. BAKER

3 EAST PULTENEY SQUARE
BATH, NEW YORK 14810
WWW.STEUBENCONY.ORG

REQUEST FOR REDUCTION INSTRUCTIONS BY MAIL

You have chosen to write to the Steuben County District Attorney's Office for a possible reduction of your traffic charge(s). Our office will not accept faxed documents for review.

It is your responsibility to contact the Court (listed on your ticket) to let them know that you are applying for a reduction and request an adjournment of your court date. Here is a link to the court's addresses.

<http://steubencony.org/Files/Documents/da/revised%20town%20and%20village%20steuben.pdf> Properly submitted forms will receive a response within 4-6 weeks.

You MUST provide the following:

1. Print out the Application to Reduce Vehicle and Traffic Charges. Fill it in, sign and date.
2. Include a clear copy of each ticket (if not legible, may be obtained from the Court).
3. A current copy of your driving record (abstract) from local NYS Department of Motor Vehicle. May be purchased online at <https://dmv.ny.gov/dmv-records/get-my-own-driving-record-abstract> Out of state, and Canadian drivers must provide their driving record from their home state or country. Our office will accept non-certified abstracts, with a minimum of 18 months driving history.
4. If there was a vehicle accident, you must provide a copy of the Accident Report (MV-104a). You may obtain your accident report from the police agency. Our office will need a letter from your insurance company stating all property/personal injury damages have been paid in full.
5. A self-addressed, stamped, envelope is necessary so that we can mail the completed plea proposal to you.

<p>Mail all of the above to:</p> <p>Steuben County District Attorney's Office Traffic Reduction Request 3 E. Pulteney Sq. Bath, NY 14810</p>	<p>Items needed to process the Reduction:</p> <ul style="list-style-type: none"><input type="checkbox"/> Application<input type="checkbox"/> Copy Traffic Ticket (Legible)<input type="checkbox"/> Driver's Abstract (18 months minimum)<input type="checkbox"/> Accident Report (If involved in an accident)<input type="checkbox"/> Self-Addressed Stamped Envelope
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Our office will not process incomplete forms, unsigned forms, or forms submitted without copies of the ticket(s) and driving record. Our office will mail back applications for failing to follow these instructions correctly. You should keep a copy of your request and all attachments for your files.

All questions about fines, penalties and adjournments must be addressed to the Court. Here is a link for courts addresses. <http://steubencony.org/Files/Documents/da/revised%20town%20and%20village%20steuben.pdf> When you have received the proposal and accepted, sign and date the proposal letter and return to the Court. DO NOT return the proposal letter to the District Attorney's Office. If you reject the proposal, advise the Court, and they will inform you of your trial date. Thank you for your cooperation. Please drive safely.

All Plea offers are final. Do not contact the District Attorney's Office for a better offer.



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Application to Reduce Vehicle and Traffic Charges

Personal Information

Name: _____ DOB: _____

Telephone: _____ Email: _____

Address below different from Driver's License Address listed

Address: _____

Ticket Information

Ticket #: _____ Date of Offense: _____

Violation / Charge: _____

List your charge and include the Speed and Speed Zone if the charge was speeding

Application Questions

Participated in a Driver's Safety Program or Reduction request in the past 2 years? Yes No

Convicted of DWI, Vehicular Homicide or Involuntary Manslaughter within last 10 years? Yes No

Convicted of any traffic related offenses within the last 18 months? Yes No

At time of offense were you operating the motor vehicle with a suspended driver's license or suspended insurance? Yes No

Was there an accident? Yes No If yes, number of vehicles involved: _____

If there was an accident, you must provide the accident report (MV-104a) before a reduction is provided

Was there an injury? Yes No If yes, number of injured persons _____

Names of injured person(s) _____

Do you have a lawyer? Yes No If yes provide a name and address below

Have you previously applied to this office for a reduction on a different matter? Yes No

If yes provide date and for what charge: _____

A reduction should be granted for the following reasons:

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

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 _____