



St. Lawrence County Office of the District Attorney

48 Court Street, County Courthouse

Canton, New York 13617-1169

Telephone: 315-379-2225 ♦ Fax: 315-379-2301

~~Henry E. Bain~~

District Attorney

VEHICLE AND TRAFFIC CHARGE – REQUEST FOR REDUCTION

REQUESTING A REDUCTION DOES NOT EXCUSE YOU FROM YOUR COURT APPEARANCES!

You may, however, call the court where your ticket is pending and request an adjournment to allow you
~~time to receive a response from this office. A list of the Justice Courts in St. Lawrence County and their~~
phone numbers is provided on the next page.

Complete the Request for Reduction form to request a reduction of Vehicle and Traffic Law Charges. The form must be completed in full, signed and returned to the Office of the District Attorney. Incomplete forms will not be considered. Once your request has been reviewed and a determination is made, a written response, in the form of a denial of your request or a plea offer, will be sent directly to the court. **YOU WILL RECEIVE A COPY OF OUR RESPONSE ONLY IF, AT THE TIME YOU APPLY FOR THE REDUCTION, YOU PROVIDE THIS OFFICE WITH A SELF-ADDRESSED STAMPED ENVELOPE (SASE).** Failure to provide a SASE will result in your copy being sent to the court, where you may pick it up in person.

Your request will receive prompt attention *only if* the following are fully complied with:

1. Complete all parts of the reduction request, sign and date it. You must state the reason(s) a reduction should be granted. Attach an additional written explanation if you want circumstances not covered by the form considered.
2. Attach one clear and legible photocopy of each ticket for which you are seeking a reduction. If you do not have a copy of the ticket(s), you must get one from the court.
3. Obtain a current copy of your driving record from the NYS DMV and attach the original to your request. A copy of your record may be obtained at an local DMV office or you may use this link: <http://www.nydmv.state.ny.us/forms/mv15.pdf> to fill out and print form MV-15 to obtain a copy by mail. Mailing the MV-15 to the local DMV office at, NYS Department of Motor Vehicle, 80 State Highway 310, Canton, NY 13617, will get a quicker response than sending it to Albany. NOTE: Out of state and Canadian drivers must also obtain their driving record from their home state or country.
4. If there was an accident, a copy of the accident report (MV-104a) must be obtained from the police agency and provided with your other documents.
5. Mail the completed reduction request form, all attachments and a self addressed business-sized envelope with a stamp on it, to this office at the address above.

Properly submitted forms will receive a response within 4 weeks. Incomplete forms, unsigned forms, or forms submitted without copies of the ticket(s) and an original driving record will not be processed and will receive no response. You should keep a copy of your request and all attachments for your records.

NOTE: No reduction will be considered for a charge of Aggravated Unlicensed Operation of a Motor Vehicle or Suspended Registration unless your driving record shows all license and/or registration suspensions or revocations have been resolved and you have a currently valid driver's license.



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Mary E. Rain

District Attorney

Application to Reduce Vehicle and Traffic Charges

Name: _____ Date of Birth: _____ Age: _____

Telephone Number: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Charges: _____

Arresting Agency: _____ Arresting Officer: _____

Were you also charged with a Penal Law Offense or a DWI or DWAI? ☐ 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 a fatality? ☐ Yes ☐ No If yes, number of deceased persons: _____

Name(s) of deceased person(s): _____

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

Name(s) of injured person(s): _____

Property other than your own vehicle that was damaged: _____

Name(s) of owner(s) of damaged property: _____

Do you have a lawyer? ☐ Yes ☐ No

If yes, provide the lawyer's name and address: _____

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

If yes, state when and for what: _____

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

A reduction should be granted for the following reasons: _____

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