



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

Mary E. Rain
District Attorney

REQUEST FOR REDUCTION INSTRUCTIONS BY MAIL

You have chosen to write to the St. Lawrence County District Attorney's Office for a possible reduction of your traffic charge(s). Faxed documents will not be accepted 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. Properly submitted forms will receive a response within 4-6 weeks.

You MUST submit 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) Current copy of your driving record (abstract) from local NYS Department of Motor Vehicle. May be obtained on line at: <http://dmv.ny.gov/transact.htm#records>. Out of state and Canadian drivers must provide their driving record from their home state or country.
- 4) If there was an accident, you must provide a copy of the accident report (MV-104a) which can be obtained from the police agency. Also include a letter from your insurance company stating all property/personal injury damages have been paid in full.
- 5) A self-addressed, stamped, (1 First class stamp) #10 envelope, is necessary so we can mail the completed plea proposal to you.

Mail all of the above to:

St. Lawrence County District Attorney
48 Court Street
Canton, NY 13617

Incomplete forms, unsigned forms, or forms submitted without copies of the ticket(s) and driving record will not be processed. Failure to follow these instructions exactly will result in no response from this office. The process will have to be started all over and your case will be delayed, possibly resulting in a suspended license. **You should keep a copy of your request and all attachments for your records.**

All questions about fines, penalties and adjournments must be addressed to the Court. Upon receiving the proposal, if you accept it, complete the backside and return to the Court. **DO NOT** return 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.

Rev. 06/14



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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