

BROOME COUNTY DISTRICT ATTORNEY'S OFFICE

F. Paul Battisti

DISTRICT ATTORNEY

ADDRESS:

George R. Harvey Justice Building
45 Hawley Street

MAILING ADDRESS:

P.O. Box 1766
Binghamton, New York 13902



Tel: (607) 778-2423

Fax: (607) 778-8870

Fax: (607) 778-2363

WEBSITE:

www.gobroomecounty.com/da

Instructions for Vehicle & Traffic Application for Reduction of Charges

DEFENDANTS & DEFENSE ATTORNEY: THE PURPOSE OF THIS APPLICATION IS SO THE ENTIRE PROCESS CAN BE HANDLED THROUGH EMAIL RATHER THAN APPEARING IN COURT, **IF THE JUDGE APPROVES OF THE PROPOSED DISPOSITION.**

YOU MUST NOTIFY THE TOWN/VILLAGE/CITY 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 NEW YORK STATE PRIVILEGES TO OPERATE A MOTOR VEHICLE BEING SUSPENDED.

THIS OFFICE WILL RESPOND **ONLY** IF THE FOLLOWING INSTRUCTIONS ARE FULLY COMPLIED WITH:

YOU MUST COMPLETE all of Section 1 and forward the entire application. Along with the information listed in Section A & B below to our office email.

Section 1:

A. COPY OF THE FRONT OF YOUR TICKET- If you have lost your ticket(s) or already sent your ticket(s) into the Court you must contact the Court and request they 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 your licensed State Department of Motor Vehicles. DMV does charge a fee to print your abstract.

IF YOU DO NOT INCLUDE ALL REQUESTED INFORMATION, YOUR 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 email the application back to you, with an offer. This offer is valid **ONLY FOR 60 DAYS** from the date of the District Attorney's office signature.

3. YOU THEN COMPLETE Section 3, **ACCEPTING OUR PROPOSAL AND ALL CONDITIONS** and forward the waiver with a self-addressed stamped envelope to the TOWN/VILLAGE/CITY COURT in which you received the ticket(s). **DO NOT SEND IT BACK TO THE DISTRICT ATTORNEY'S OFFICE!**

DO NOT CONTACT THE DISTRICT ATTORNEY'S OFFICE CONCERNING QUESTIONS ABOUT THE AMOUNT OF THE FINE OR POINTS. THE FINE IS AT THE COURT'S DISCRETION AND POINTS ARE PURSUANT TO STATE REGULATION.

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

Please keep instructions for further use and a copy of all your information for your records.

PLEASE SEND ALL APPLICATIONS AND DOCUMENTS

TO: traffictickets@broomecountyny.gov

APPLICATION FOR REDUCTION OF CHARGES

(ONLY FOR VEHICLE & TRAFFIC INFRACTIONS)

Section 1: To the Presiding Magistrate, TOWN/VILLAGE/CITY _____, County of Broome, State of New York. This is an Application for Reduction of Charge(s) pending against:

DEFENDANT: _____, DATE OF CHARGES: _____

TICKET #'s: _____

ORIGINAL CHARGE(S):

_____ IN VIOLATION OF SECTION _____ OF THE VECHILE & TRAFFIC LAW

_____ IN VIOLATION OF SECTION _____ OF THE VECHILE & TRAFFIC LAW

Proposal: _____

Reason: _____

Date: _____

Signature: _____

Email Address: _____

Contact Number: _____ (please include area code)

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: _____

ADA SIGNATURE: _____

VAILD ONLY FOR 60 DAYS FROM THE DATE SIGNED BY THE 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, expect as a stated herein.
2. I hereby plead guilty and admit to the underlying acts set forth in the reduction of the 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 conditions 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 oppportunity 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 THE FORM TO THE TOWN/VILLAGE/CITY COURT AS PER YOUR TICKET(S). THE COURT WILL NOTIFY YOU OF YOUR FINE AND/OR POINTS ON YOUR LICENSE.

****DO NOT SEND THIS FORM BACK TO THE DISTRICT ATTORNEY'S OFFICE. ****