

**Hamilton County District Attorney
Christopher C. Shambo
PO Box 277
Indian Lake, NY 12842
(518) 648-5113**

**REQUEST FOR A REDUCTION OF
VEHICLE AND TRAFFIC CHARGE**

Enclosed is a form to be completed and returned to the District Attorney's Office to be considered for a reduction of the vehicle and traffic charge pending against you or your client.

Fill out the entire form and return it to the address listed the top of this page. When received, your request will be reviewed and you will be notified by mail whether or not you are eligible for a reduction.

YOUR REQUEST WILL BE GIVEN PROMPT ATTENTION IF YOU COMPLY WITH THE ALL THE FOLLOWING DIRECTIONS:

- 1.) The form must be fully completed **and signed**.
- 2.) Include a clearly legible photocopy of all tickets you wish to have considered for a reduction. If you do not have your ticket, contact the Court and request a copy.
- 3.) Enclose a current copy of your Abstract of Driving Record. This may be obtained through a local Department of Motor Vehicles in the State in which your license is issued.
- 4.) **Enclose a business size self-addressed stamped envelope with your request. No envelope no response.**
- 5.) You must fill out part B of your ticket (a plea of not guilty by mail) and return the original ticket to the court (Court address is on the bottom of your ticket).
- 6.) It is important to notify the court you are in contact with the District Attorney and want an adjournment.

DEFENDANT'S REQUEST FOR A REDUCTION
OF VEHICLE AND TRAFFIC CHARGE

NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____ OCCUPATION: _____

PHONE# _____ DRIVERS LICENSE # _____
TOWN COURT _____

COMMENTS: _____

WAS THERE AN ACCIDENT INVOLVED IN THIS CASE? ()Y ()N

IF THERE WAS AN ACCIDENT INDICATE:

NUMBER OF VEHICLES? _____

PROPERTY DAMAGE? ()Y ()N

PERSONAL INJURY? ()Y ()N

ARE YOU REPRESENTED BY AN ATTORNEY? ()Y ()N

IF YES, INDICATE NAME, ADDRESS AND PHONE NUMBER: _____

**IMPORTANT – PLEASE READ CAREFULLY BEFORE
SIGNING**

IF YOU DO NOT AGREE TO THESE TERMS, DO NOT SIGN THIS FORM

I acknowledge, as the defendant or the attorney for the defendant, that in consideration of this application being reviewed by the Hamilton County District Attorney, I waive all rights to a speedy trial. I further acknowledge my consent to an adjournment of the case while my application is being reviewed and that I am responsible to contact the Court in which this case is pending to obtain an adjournment.

I understand that should the District Attorney and I not be able to reach a negotiated plea in my case, the District Attorney will make no objection to a request for a supporting deposition, if I make my request to the Court in writing no later than five days after I receive a denial of reduction from the District Attorney.

I understand that it is my obligation to enter a plea of not guilty. I understand that a plea of not guilty may be entered by mail if I mail the ticket(s) I receive to the Court with a signed statement indicating my plea of not guilty. I understand that if I have not mailed the written plea within the required time period, I am obligated to appear personally before the Court to enter my plea unless the Court waives that requirement of law.

Signed: _____
Dated: _____

HAMILTON COUNTY TOWN COURTS

COURT	ADDRESS	PHONE #
Arietta Town Court	PO Box 4, Piseco, NY 12139	(518) 548-5703
Benson Town Court	PO Box 1017, Northville, NY 12134	(518) 863-4449
Hope Town Court	548 NYS Rte. 30, Northville, NY 12134	(518) 924-3821
Indian Lake Town Court	PO Box 730, Indian Lake, NY 12842	(518) 648-6226
Inlet Town Court	160 Rt. 28, Inlet, NY 13360	(315) 357-6121
Lake Pleasant Town Court	PO Box 24, Lake Pleasant, NY 12108	(518) 548-3625
Long Lake Town Court	PO Box 697, Long Lake, NY 12847	(518) 624-3761
Morehouse Town Court	PO Box 16, Hoffmeister, NY 13353	(315) 826-7093
Wells Town Court	PO Box 222, Wells, NY 12190	(518) 924-7407