



POLICE DEPARTMENT

Village of Malone

2 Police Plaza

Malone, New York 12953-1601

(518) 483-2424

(518) 483-2426 fax

Christopher Premo
Chief of Police

Instruction Sheet Vehicle and Traffic Charge Request for Reduction Malone Village Police Tickets

Attached is an Affirmation Form Request for a reduction recommendation from the Malone Village Police Department. The form must be entirely completed, signed and returned to this office. A review of your request will be made by the issuing Officer and his Immediate Supervisor. You will receive a copy of the recommendation that we submit to the Court. The Court always has the final say as to whether any reduction will be granted along with any penalty imposed.

Even if an attorney represents you, you still must personally sign this affirmation.

This Department will respond to your request **Only if** the following instructions are complied with **Fully**:

1. Complete the Affirmation Form and personally sign it.
2. Mail the completed form to the Malone Village Police Department at the address listed above with **one clear and legible photocopy of each ticket**. If you do not have a copy of the traffic ticket, you must get one from the Court.
3. You **Must** also include a **Self addressed and Stamped** business-size envelope for our reply.

NOTICE: This Request Does Not Alleviate Your Responsibility To Appear In Court As Directed. You Must Still Ask The Court For An Adjournment of Any Scheduled Appearance Date To Try To Dispose Of Your Ticket(s) By Plea Bargain.

Malone Village Police Department
"Traffic Ticket" Reduction Form

_____ signing below under penalty of law, states the following:
PRINT YOUR FULL NAME

1. I am making this application in support of my request for a reduction of a certain Vehicle and Traffic Law charge or charges as stated below.
2. My date of birth is _____ and I presently reside at _____ and am employed by _____.
3. The charge which I wish to reduce is as follows: COURT: _____
Judge (if known): _____ CHARGE(s): _____
DATE ARRESTED (ticket issued): _____ RETURN DATE: _____
OFFICER'S NAME: _____
(ATTACH COPY OF TICKET(S))
4. In the incident resulting in the present Vehicle and Traffic ticket, there (was) (was not) personal injury or death sustained by anyone involved. (Circle applicable word(s).
5. Within the last thirty-six months I have been ticketed and convicted of the following Vehicle and Traffic violations within the United States of America. (List all tickets issued to you).

6. I am (not) represented by an attorney. (Strike applicable word).
7. (If Applicable) My Attorney's name, Address and telephone number are as follows: _____
8. I understand that in making this request for a reduction, I waive all rights to a speedy trial.
9. A reduction should be granted because (attach additional sheet if necessary) _____

NOTICE
PL SECTION 210.45

IN A WRITTEN INSTRUMENT, ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT WHICH 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