

MALONE VILLAGE POLICE DEPARTMENT

2 Police Plaza

Malone, NY 12953-1601

Ph: (518) 483-2424

Fax: (518) 483-2426

William Andre

Chief of Police



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 their 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.

You must personally sign this affirmation even if an attorney represents you.

The 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

2 Police Plaza
Malone, New York 12953-1601
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_____ signing below under penalty of law, states the following:

PRINT 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 currently reside at _____
DOB

CURRENT PHYSICAL ADDRESS

I am employed by _____
PLACE OF EMPLOYMENT

3. The charge which I wish to reduce is as follows: **(ATTACH A COPY OF EACH TICKET)**

COURT: _____ JUDGE (IF KNOWN): _____

DATE ARRESTED (TICKET ISSUED): _____ RETURN DATE: _____

OFFICER'S NAME: _____

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)
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** / **am not** represented by an attorney. (CIRCLE APPLICABLE WORD)

6a. (IF APPLICABLE) My attorney's name, address, and telephone number are as follows:

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

8. 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

APPLICANT'S SIGNATURE

THIS _____ DAY OF _____ 20____