

## **REQUEST FOR A PLEA BARGAIN OF VEHICLE AND TRAFFIC CHARGE(S)**

On the reverse side of this form is a request for a possible plea bargain/reduction agreement with the District Attorney's Office. This form **MUST BE COMPLETELY FILLED OUT** and sent to the DISTRICT ATTORNEY'S OFFICE AT THE ADDRESS BELOW. You must write clearly or print clearly or type the request. Once the District Attorney's Office receives your request, your case will be reviewed and you will be advised by mail as to whether or not this office will agree to a proposed reduction.

Your request will be given prompt attention "ONLY IF YOU FULLY COMPLY WITH THE FOLLOWING DIRECTIONS".

1. This form must be fully completed and signed. If you wish, you may add any additional information which you think might aid your request on a separate paper.
2. You **must** include a clear legible COPY of the front of **all** tickets issued. If you do not have a copy of the ticket, please obtain it from the Court.
3. You must obtain from the New York State Department of Motor Vehicles a current (after date of issuance of ticket) ABSTRACT OF DRIVING RECORD. Include a copy with this form.
4. If you are charged with VTL §511(1) and/or §511(2) Aggravated Unlicensed Operation of a Motor Vehicle (AUO) you must have **cleared** with the NYS DMV **all** matters causing a suspension or revocation of your license. (If you have any questions ask DMV or the Court that issued the suspension).
5. A self addressed stamped envelope **must** accompany your request.
6. Please read the form carefully and sign the waiver at the bottom. If this form is not signed, it will not be processed.

**ANY AGREEMENT MADE WITH THE DISTRICT ATTORNEY'S OFFICE IS SUBJECT TO APPROVAL OF THE COURT. A CASE IS NOT DISPOSED UNTIL YOU RECEIVE A RECEIPT FROM THE COURT. ANY REQUESTS FOR ADDITIONAL TIME MUST BE MADE THROUGH THE COURT.**

Mail to: Traffic Division  
Office of the District Attorney  
Oswego County Public Safety Center  
39 Churchill Road  
Oswego, New York 13126  
(315) 349-3200

Oswego City Court  
20 West Oneida St  
Oswego, NY 13126  
Phone: (315)343-0415 / Fax: (315)343-0531

**OSWEGO COUNTY DISTRICT ATTORNEY OFFICE**  
REQUEST FOR PLEA BARGAIN OF VEHICLE AND TRAFFIC CHARGE(S)

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Adjourn date: \_\_\_\_\_ Judge: James M. Metcalf

Suggested Reduction: (to what) \_\_\_\_\_

Reason why reduction should be granted:

Was there a motor vehicle collision? Yes [ ] No [ ]

If "Yes" was there a personal injury or fatality? Yes [ ] No [ ]

If yes to either of the above questions, you **must** provide a copy of the accident report MV form 104A (obtained from Police agency) *and* a letter from your insurance company stating all claims have been settled. We cannot resolve the ticket until the claim has been settled and we receive letter with this form.

Has this case been set for trial? Yes [ ] No [ ]

Do you have an attorney? Yes [ ] No [ ]

If "Yes", please supply his/her name and address:

I acknowledge, as the Defendant or Attorney for the defendant, that in filing this application for a plea bargain of charge(s), I waive all rights to a speedy trial.

**NOTICE:** 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 (PL 210.45).

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Enclosed: Copy of traffic ticket(s)  
Copy of driving abstract from DMV  
Self-addressed stamped envelope