

**PLEASE
PRINT**

**LIVINGSTON COUNTY
TRAFFIC TICKET REDUCTION REQUEST**

Last Name _____ **First Name** _____ **M.I.** _____

Current Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____ **Email** _____

Date of Birth _____ **Driver's License Number** _____ **State** _____

Town/Village Court _____

Please provide a brief explanation as to why you are unable to make it to court and why you believe you should be eligible for a reduction below.

Please remember to enclose the following (incomplete requests will be returned):

- A copy of the traffic ticket(s) (or court notice in absence of ticket)
- A copy of your driving abstract (can be obtained at any DMV)
- Self-addressed, stamped envelope.

Please submit your request via mail to:

**Livingston County District Attorney's Office
2 Court Street
Geneseo, New York 14454**

WARNING: You must appear on the date and time indicated on your Simplified Traffic Information or as directed by the court. Failure to do so may result in a suspension of your license and or a bench warrant being issued for your arrest. Please allow 7-10 business days for a response to your request via mail to the address provided above. If your scheduled court date is within that time period, you may contact the court directly to request an adjournment.