

ALLEGANY COUNTY VEHICLE & TRAFFIC DIVERSION PROGRAM



PLEASE READ THIS INFORMATION CAREFULLY

Enclosed is information about the Allegany County Vehicle & Traffic Diversion Program. To apply for the program, please complete the Application and return immediately with enclosures to:

Allegany County District Attorney's Office
Attn: Traffic Diversion Program
7 Court Street, Suite 333
Belmont, NY 14813

If you choose NOT to participate in this program and want to request a reduction of your charge, please NOTIFY US IN WRITING and state in your letter that you prefer NOT to participate.

**** IMPORTANT ****

The local justice court can suspend your license for failure to answer any traffic ticket in a timely manner. If you are not timely in applying to this program or answering your traffic ticket, your license may already be suspended. If your license is suspended, there is a fee associated with lifting that suspension. Please note that participation in the program will satisfy the traffic ticket. It will NOT SATISFY suspensions and suspension fees. This is a separate issue entirely and must be handled by you directly with the local justice court.

Whether you choose to participate in the program or not, it is your responsibility to answer your ticket in the appropriate time frame. It is also your responsibility to keep the local court informed regarding the status of your participation in this program.

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APPLICATION FOR ATTENDANCE

NAME: _____ ADDRESS: _____

INCLUDE A COPY OF YOUR TICKET(S) WITH THIS APPLICATION.

I am participating in the Allegany County Vehicle and Traffic Diversion Program to avoid points and penalties associated with my traffic infraction(s). I understand that acceptance is discretionary.

The defendant states under penalty of perjury that:

1. I have not participated in the Allegany County Traffic Diversion Program within the past 12 months;
2. I have no more than 4 points on my license;
3. I have not had a drinking and driving conviction within the past 18 months;
4. I had a valid license and insurance at the time of offense;
5. I was not involved in an accident at the time of the offense;
6. I was not ticketed for a speed in excess of 30 mph over the posted limit.

Signature of defendant

Print name

Mitigating Circumstances

I state that at the time of the offense one or more of the above statements **were not true.** (Please identify which of the above were not true.) Regardless, this course would benefit me because:

Signature of defendant

Print name

Choose an on-line defensive driving program

Go to: <http://dmv.ny.gov/tickets/point-insurance-reduction-program>

The program I am taking is: _____.

The cost for this program is **NOT** covered by the \$225.00 application fee.

NOTE: our regular live class instructor, Tom McDonnell has a discount code that will give students a \$10.00 discount on an online course. It is the same course that is taught live but in an online version. Go to empire safetycouncil.com and enter the discount code GVDD at the end.

YOU MUST SEND:

1. This application;
2. A copy of the traffic ticket(s);
3. A money order made out to the "Allegany County Traffic Diversion Program" in the amount of \$225.00;
4. A self-addressed stamped envelope
5. Name of the program you are taking

To: Allegany County District Attorney's Office
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*****You will be notified by mail if you are accepted into the program*****

If you are denied entry into the program, your money order will be returned.

DON'T CONTACT THIS OFFICE BY PHONE, COMMUNICATION MUST BE IN WRITING

False statements made in the foregoing instrument are punishable as a Class A misdemeanor pursuant to section 210.45 of the Penal Law. Accordingly and with notice of the foregoing I hereby affirm that the foregoing statements are true, under penalty of perjury this _____ day of _____, 20__.

By agreeing to participate in the Allegany County Vehicle and Traffic Diversion Program, I waive any Criminal Procedure Law Article 245 Discovery and Section 30.30 Speedy Trial requirements.

SIGNATURE OF DEFENDANT

PRINT NAME