

PLEA BARGAIN FORM

Name: _____

City/Town Court: _____

DOB : _____

Adjourn Date : _____

Address: _____

1) Was there a motor vehicle collision? Yes No

a. 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.

2) Do you have an attorney? Yes No

a. If "Yes," please supply his/her name and Address:

3) Reason(s) why a reduction should be granted: _____

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.

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: _____

Signed: _____