



Only use this application if you have been convicted by default of a violation, which means that you failed to answer your traffic ticket or you failed to appear at your scheduled hearing for a valid reason and you now are requesting to have a hearing.

Do not use this form if you were convicted at a hearing or pled guilty to this ticket.

Instructions: (For additional instructions/information see page 2)

1. You must use a separate application for each ticket.
2. If submitting more than one application, send all applications in one envelope.
3. If your application was previously denied, do not submit another application to reopen the default conviction.
4. You must attach copies of any documents necessary to support your reasons for not responding to the ticket.
5. If this is regarding an Operating Without Insurance violation, see page 2.
6. Sign and date the application.

Submit your application and supporting documents by mail to:
Traffic Violations Division, P.O. Box 2095 - Albany, NY 12220

Failure to sign and complete ALL sections of this form will result in the denial of your request to reopen your default conviction. If your request is denied, you will not be able to resubmit the application.

Name (Last, First, MI)												
NY Client ID No., if available <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												Date of Birth (Month/Day/Year) / /
CURRENT MAILING ADDRESS												
Street		Apt. No.										
City	State	Zip Code										
E-mail Address (optional)		Daytime Phone Number (optional)										
Ticket No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												Date of Violation (Month/Day/Year) / /
Describe violation (for example, speeding, driving without insurance)												
I DID NOT RESPOND to the ticket and/or notice because: (if necessary, attach additional 8 ½ x 11 page)												
Read the statement below; sign your name, and write the date you signed this form. I affirm under penalty of perjury that all of the information above and all supporting documents are true, and that no prior application has been made with respect to this ticket. Signature X _____ Date ____ / ____ / ____												

Operating Without Insurance

To support a claim that your insurance was valid on the date of the violation, the following documentation must be attached:

1. If your vehicle was registered in NY at the time of the Operating Without Insurance violation, provide a letter from your insurance company (not your broker or agent) on the company's letterhead stating that the vehicle was insured on the date the ticket was issued. The letter must be signed. The letter must contain the vehicle year, make (i.e. Ford, BMW, etc.) and the vehicle identification number (VIN).
2. If your vehicle was registered in a state other than NY at the time of the Operating Without Insurance violation AND we find that you had an acceptable reason for not responding to the ticket, we will approve your application to reopen the default conviction, and we will schedule a new hearing.

Reason for Failure to Appear at your Scheduled Hearing

Examples of documentation:

If you failed to appear due to your incarceration, a letter from the Correctional Institution, the Parole Board or other appropriate agency, on agency letter head, signed by an authorized agent and verifying dates of incarceration, must be provided.

If you failed to appear due to your hospitalization, provide proof verifying the dates that you were hospitalized.

