AA-3.3 (3/09)

New York State Department of Motor Vehicles -Traffic Violations Division

APPLICATION TO REOPEN DEFAULT CONVICTION

www.nysdmv.com

INSTRUCTIONS

Only use this application for tickets for which you have been convicted by default.

Please read and follow all directions CAREFULLY. Failure to follow directions or failure to provide complete information will delay processing and may result in return of your application.

1. Use a separate application for each ticket.
2. If submitting more than one application, send **ALL** applications in **ONE** envelope.
3. You may submit an application to reopen a default conviction only **ONCE** for each ticket.
4. You MUST provide ALL of the information requested on this form, including completing the statements "I am **NOT GUILTY** because:" and "I **DID NOT RESPOND** to the ticket and/or notices because:". You may continue your explanation on additional 8 1/2" x 11" pages, if necessary. **DO NOT WRITE ON THE BACK OF THIS SHEET.**
5. **You must also attach any documents** necessary to support your statement(s). For example, if the violation is for uninsured vehicle, a letter from the insurance company on company letterhead, signed by an underwriter verifying insurance coverage on the alleged date of violation, must be included as well as a copy of the registration for the vehicle you were driving at the time of the alleged violation. If the violation is for unlicensed operator or unregistered vehicle, a copy of your driver license or vehicle registration that was valid at the time of the alleged violation must be included.
6. After completing this application, please read the statement in the box above the shaded portion of the page, then sign and date the application. Mail this completed application and supporting documents to:

Traffic Violations Division, P.O. Box 2950 - ESP, Albany, New York 12220-0950

(The form must be mailed; fax copies are not acceptable)

COMPLETE THE INFORMATION REQUESTED BELOW. Please print, and enter your CURRENT mailing address.

Name (Last, First, MI)	Client ID No., if available	Date of Birth (Month/Day/Year)
		/ /
Street		Apt. No.
City	State	Zip Code

Ticket No.	Date of Violation	Describe the violation (*for example, speeding, driving without insurance, etc.*)
	/ /	

I am **NOT GUILTY** because: _____

_____

_____

I **DID NOT RESPOND** to the ticket and/or notices because: _____

_____

_____

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 ➧ _____ Date _____

FOR DMV USE ONLY - *Do Not Write Below This Line.*

☐ **DENIED** ☐ **REOPENED** (Schedule a hearing) ☐ **DISMISSED** ☐ **NOT ADJUDICATED** **DATE:** _____

FACT:

☐ Lack of meritorious defense

☐ No/inadequate excuse for default

DOCUMENTATION:

☐ No/inadequate documentation for defense

☐ No/inadequate documentation for excuse

☐ **RESCIND REVOCATION**

☐ **REDUCE FINE TO $** _____

(plus applicable surcharge)

Comments: _____

ALJ CODE Ø

➧ _____

Administrative Law Judge