

JUSTICE COURT OF THE
VILLAGE OF LAKE PLACID
2693 MAIN ST. Suite 103
LAKE PLACID, NEW YORK 12946
518-523-2004



V&T Reduction Request Form

Name of Defendant: _____

Date of Birth: _____

Address: _____

Charge(s): _____

Ticket Number: _____

Date of Ticket: _____

Arresting Officer: _____

Requested Reduction: _____

Reason why reduction should be granted: _____

Was there an accident: _____ If so, was there injury or fatality? _____

Name of Attorney if any: _____

Address: _____

Defendant or Attorney

To the Court:

The Issuing Officer would recommend your accepting a plea of guilty for: _____

Date: _____

Issuing Officer