

Steuben County District Attorney's Office  
Driver Safety Diversion and Reduction Program Affidavit / Application

Please **READ** the DA's Office  
Driver Safety Diversion and Reduction Program  
Information Packet. This information is located on our  
website under

<http://www.steubencony.org/tickets>

**DO NOT** call our office. If you have questions please email  
[diversion@co.steuben.ny.us](mailto:diversion@co.steuben.ny.us)

*Please continue to scroll down to reach the  
Affidavit/Application form.*

**Steuben County District Attorney's Office  
Driver Safety Diversion and Reduction Program Affidavit / Application**

Name: \_\_\_\_\_ Email / Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Violation: \_\_\_\_\_ Town of \_\_\_\_\_ Date of Offense: \_\_\_\_\_  
*Type of traffic violation i.e. Speeding 85/65 mph      Town where violation occurred      Ticket cannot be over 90 days old*

I, \_\_\_\_\_ the defendant, born on \_\_\_\_\_ request to participate in the Steuben County Driver Safety Diversion Program. I understand my acceptance into the program is discretionary and primarily based on my driving history, along with the issued ticket(s). I hereby waive my speedy trial rights and apply as a participant in the Driver Safety Diversion Program.

I further understand that there is an assessed **PROGRAM FEE** of Two hundred and fifty dollars (**\$250.00**) due with the submission of this application. I fully understand that if I am denied acceptance into the program, my program fee will be returned to me and that the District Attorney's Office will process the application for a possible reduction of the traffic offense. I will be notified by mail if I qualify for a reduction or whether no offer can be made and I will be scheduled for trial. I understand that I am to notify the court that I am pleading NOT Guilty and advising them in writing that I have applied to the Driver Safety Diversion Program.

**Application Questions:** *Please answer Yes or No to the following questions,*

*False statements made in the foregoing instrument are punishable as a Class A misdemeanor pursuant to section 210.45 of the Penal Law.*

1. Have you attended or applied for a Traffic Diversion Program in the State of New York within the last 18 months? Yes \_\_\_\_\_ or No \_\_\_\_\_
2. Have you been convicted of driving under the influence (DWI, DWAI, DWAI-Drugs), Vehicular Homicide or Involuntary Manslaughter, within the past 10 years? Yes \_\_\_\_\_ or No \_\_\_\_\_
3. Have you been convicted of any traffic related offenses within the last 18 months? Yes \_\_\_\_\_ or No \_\_\_\_\_
4. At the time of the offense, were you operating the motor vehicle with either a suspended driver's license or suspended insurance? Yes \_\_\_\_\_ or No \_\_\_\_\_
5. Were you involved in an accident at the time of the offense? Yes \_\_\_\_\_ or No \_\_\_\_\_. *If YES please include an insurance claim report of all payouts made to people involved in the accident in question. Contact your insurance agent for report*

**Mitigating Circumstances**

The defendant states that at the time of the offense, one or more of the above statements were marked **YES**. Please give a brief statement to the circumstances. NOTE: *Ticket violations that are older than 90 days will not be eligible for the Diversion Program without the court's written approval. Said approval must accompany all submissions where the ticket is older than 90 days.*  At this time I would like to request a review for the online course due to the following reasons. *Use the back of this sheet for additional space if necessary.*

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**All Defendants must send :**

1. **This application ; completed**
2. **Certified Check or Money Order for \$250.00**  
*Made out to the Steuben Traffic Diversion Program*
3. **A copy of the traffic ticket(s);**
4. **Abstract of Driving Record from your state DMV**  
<http://dmv.ny.gov>
5. **A self-addressed stamped envelope**

**To:** Steuben County District Attorney's Office  
Attn: Driver Safety Diversion and Reduction Program  
3 East Pulteney Square  
Bath, NY 14810

\*\*You will be notified by mail within 30 days if you are accepted into the program.\*\*  
**DO NOT** call the DA's Office in regards to the status of your application. You may email [diversion@co.steuben.ny.us](mailto:diversion@co.steuben.ny.us) for an update.

**\*\*\*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\_\_\_\_.\*\*\***

\_\_\_\_\_  
**SIGNATURE OF DEFENDANT**

\_\_\_\_\_  
**PRINT NAME OF DEFENDANT**