



TRAFFIC VIOLATIONS BUREAU (TVB) APPEAL FORM

WHAT IS REQUIRED TO FILE AN APPEAL: You must send this **COMPLETED, SIGNED APPEAL FORM** (2 pages) and a **\$10 APPEAL FEE** to the DMV Appeals Board. Read this entire form carefully. Type or print your information clearly. You must state your appeal reasons on page 2 of this form. You must pay a **\$10 appeal fee for each TVB ticket you appeal**. **DO NOT SEND CASH**. Make your check or money order payable to the "Commissioner of Motor Vehicles." Print your ticket number on your check or money order. Appeal fees are non-refundable. A \$35 penalty is charged for dishonored checks.

DEADLINE TO FILE AN APPEAL: You must send the **APPEAL FORM and APPEAL FEE** to the DMV Appeals Board **within THIRTY (30) DAYS of the conviction or hearing date**. If you file by mail, the USPS postmark will be used to determine if your appeal is timely. If the postmark is illegible, the date your appeal is received will be used to determine timeliness. You should keep copies of your completed appeal form, appeal fee, and proof of mailing.

WHERE TO SEND YOUR APPEAL: Mail the appeal form and appeal fee to: **DMV Appeals Board
Appeals Processing Unit
P.O. Box 2935
Albany, NY 12220-0935**

To file an **APPEAL ONLINE**, go to the DMV website at: www.dmv.ny.gov. The Appeals Board will send you a letter acknowledging receipt of your appeal. If you do not receive such letter within 20 days after filing your appeal, contact the Appeals Board at (518) 474-1052 or at the above address.

ISSUES RAISED ON APPEAL: The Appeals Board may review both the guilty determination and penalty if a transcript is timely submitted. If the only issue raised on appeal is the penalty, the Appeals Board will not need to review a hearing transcript.

- Check the appropriate box.**
- I APPEAL THE GUILTY DETERMINATION AND PENALTY. I UNDERSTAND THAT I AM REQUIRED TO PAY THE TRANSCRIPTION COMPANY FOR THE HEARING TRANSCRIPT TO BE SUBMITTED TO THE APPEALS BOARD FOR REVIEW.**
The Appeals Board will acknowledge receipt of your appeal form and fee with a letter that will direct you to pay a \$50 transcript deposit to the Transcription company within 30 days of the letter. The Appeals Board does not accept transcript payments. By law, if you do not pay the Transcriber in a timely manner, the Appeals Board cannot review the guilty determination and may review the penalty only.
 - I APPEAL THE APPROPRIATENESS OF THE PENALTY ONLY (fine, suspension/revocation) AND ACCEPT THE GUILTY VERDICT. I UNDERSTAND THAT THE APPEALS BOARD WILL NOT REVIEW THE TRANSCRIPT OR ANY STATEMENTS MADE AT THE HEARING.**
 - I DID NOT APPEAR BEFORE A HEARING OFFICER and/or NO TRAFFIC VIOLATIONS BUREAU HEARING WAS HELD. THE APPEAL WILL BE REVIEWED WITHOUT A TRANSCRIPT.**

STAY OF SUSPENSION OR REVOCATION PENDING APPEAL: The Appeals Board will not grant a stay unless you provide (on page 2) valid reasons for requesting the stay and for submitting the appeal. You will be notified of the decision to grant or deny your stay request.

- I REQUEST THAT THE SUSPENSION OR REVOCATION OF A LICENSE, PERMIT OR PRIVILEGE RESULTING FROM THE TVB CONVICTION BE STAYED OR STOPPED PENDING THE OUTCOME OF THE APPEAL.**

FINE PAYMENTS: **EVEN IF YOU FILE AN APPEAL, YOU MUST PAY THE FINE AND SURCHARGES RESULTING FROM THE CONVICTION. UNPAID FINES, SURCHARGES, OR TERMINATION FEES WILL RESULT IN LICENSE SUSPENSIONS, WHICH ARE NOT STAYED BY THE BOARD.** Do not send fine payments to the Appeals Board. Send payments for TVB fines and surcharges to: **DMV Traffic Violation Division Plea Unit
P.O. Box 2950-ESP
Albany, NY 12220-0950**

REQUIRED APPEAL INFORMATION: All correspondence for this appeal will be sent to the address(es) supplied on this appeal form. You must notify the Appeals Board in writing immediately of any change of address that occurs after this appeal is filed.

Last Name	First	M.I.	NYS Driver License ID Number
Appeal Mailing Address (Street)			Ticket #
City	State	Zip Code	Violation
Date of Birth	Month	Day	Year
	Sex <input type="checkbox"/> M <input type="checkbox"/> F		
ATTORNEY FOR THIS APPEAL (If any)			Violation Date
ATTORNEY MAILING ADDRESS: (Street)			Month
City			Day
State			Year
Zip Code			Hearing Location
			Hearing Time <input type="checkbox"/> AM
			<input type="checkbox"/> PM
			Hearing Officer

For DMV use only:

_____ CONVICTIONS

\$10 Appeal Fee received Amount \$ _____ Date: _____

Check Money Order

No Fee Received 30th Day: _____

STAY _____

New York State Department of Motor Vehicles
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WHAT RECORDS ARE REVIEWED: Any exhibits submitted at the hearing will become part of the appeal record. The Appeals Board reviews the entire record created at the hearing level, but evidence, exhibits or documents not submitted to the hearing officer may not be filed with or reviewed by the Appeals Board.

To receive copies of hearing exhibits for your personal use, you must submit a FREEDOM OF INFORMATION LAW (FOIL) request to the DMV FOIL Office at: 6 Empire State Plaza, Albany, NY 12228. Information for obtaining DMV records and FOIL forms are available online at www.dmv.ny.gov.

APPEAL ARGUMENTS: IN THE SPACE BELOW, YOU MUST STATE THE REASONS WHY YOU ARE FILING THIS APPEAL. TYPE OR PRINT CLEARLY. Attach additional pages, if necessary. By law, personal appearances and oral arguments are not permitted on appeal. If you request a stay, you must state the reasons for the request. If you order a transcript, you will have 30 days to submit additional arguments from the date the transcript is sent to you. After the 30-day period, your appeal will be reviewed and decided.

SIGN AND DATE YOUR APPEAL: I affirm under penalty of perjury that all of the information on this form and all supporting documents submitted with this appeal are true, and that no prior appeal has been made in this matter.

Sign Here  _____ Date _____

HAVE YOU:

- Paid your fine** to the Traffic Violations Division? Even if you appeal, you must first pay your fine, or your license will be suspended.
- Submitted your **appeal form and appeal fee(s)** to the Appeals Board **within 30 days of your TVB conviction?**
- Enclosed a \$10 non-refundable appeal fee by check or money order **for EACH conviction appealed?**
- Checked the appropriate box on page 1 **indicating what you want to appeal?**
- Provided **reasons for your appeal** on page 2? Provided **reasons for a stay** request on page 2, if requesting a stay?
- Signed and dated** your appeal form on page 2?

You will receive written notification of the outcome of the appeal. If the Appeals Board dismisses the conviction, the fine will be refunded.

