



New York State Department of Motor Vehicles
TRAFFIC VIOLATIONS BUREAU APPEAL FORM
 NYS Vehicle and Traffic Law Article 2-A

WHEN YOU MUST FILE YOUR APPEAL

You must file this appeal form and a non-refundable \$10 appeal fee **within 30 days** of your hearing or conviction date. If you file by mail, the U.S. Postal Service postmark will be used to determine whether or not you have met the 30-day requirement. In the absence of a legible postmark, the actual date of receipt will be used to determine the timeliness of your appeal. We recommend that you keep proof of mailing and a copy of your completed form.

WHAT YOU MUST FILE FOR YOUR APPEAL

- ◆ This completed Appeal Form (AA-33); and
- ◆ A **\$10** nonrefundable fee for **each** conviction you are appealing. Make your check or money order payable to the "Commissioner of Motor Vehicles." Do not send cash.
- ◆ Print your summons number(s) on the check or money order.

WHERE TO SEND YOUR APPEAL

DMV APPEALS BOARD
 Appeals Processing Unit
 PO Box 2935
 Albany, NY 12220-0935

HOW TO FILE YOUR APPEAL

1. You may appeal just the penalty, or you may appeal both the decision and the penalty. Please check the box below that describes what you want to do and follow the instructions.
2. If a suspension or revocation order was issued as part of the conviction, you can ask that enforcement be stayed (delayed) until your appeal process is complete by checking the appropriate box below.
3. On page 2 of this form, you **MUST** explain why you disagree with the guilty verdict and/or penalty.
4. If you do not receive an acknowledgment letter from the Appeals Board within 20 days after mailing this form, contact the Appeals Board immediately at (518) 474-1052, or at the address above.

I WANT TO APPEAL THE GUILTY VERDICT AND/OR PENALTY, WITH A TRANSCRIPT REVIEW: I disagree with the guilty verdict and/or penalty, and I want the Appeals Board to review a typed transcript of the hearing testimony. I understand that I must pay for the transcript.

(The Appeals Board will send you an acknowledgment letter with instructions for ordering a transcript. Once you receive this letter, you will be required to send a \$50 transcript deposit to the Transcriber, not the Appeals Board. The Appeals Board **will not** review hearing testimony unless all transcript payments to the Transcriber are timely.)

I WANT TO APPEAL JUST THE PENALTY, WITHOUT A TRANSCRIPT REVIEW: I disagree with the penalty (my fine, suspension and/or revocation), but I accept the guilty verdict and do not want a review of statements or testimony from my hearing.

(The Appeals Board will send you a letter acknowledging your appeal).

MY PENALTY INCLUDES A SUSPENSION OR REVOCATION, AND I WANT A "STAY" TO STOP THE SUSPENSION OR REVOCATION WHILE MY APPEAL IS BEING DECIDED.

No stay will be issued if:

- You do not give valid reasons for your appeal;
 - You do not give valid reasons for needing the stay; and
 - You do not pay the appeal fee(s).
- You will be notified of the decision to grant or deny your request for a stay.

Filing an appeal does not change your obligation to pay the fine, surcharge, or other fees resulting from your conviction(s). Therefore, a suspension for failure to pay a fine, surcharge, or termination fee will not be stayed. If fines, surcharges, or other fees are due, send them to: DMV Traffic Violations Division, Plea Unit, P.O. Box 2950-ESP, Albany, NY 12220-0095.

FILL IN THE BOXES BELOW. Please Print Clearly.

Your Last Name		First	M.I.	Summons numbers	
Your Mailing Address (Number, Street and Apt. Number)*				Violation	
City or Town		State	Zip Code	Place of Conviction/Hearing	Amount of Fine - \$
NYS Driver License ID Number			Date of Violation	Date of Conviction	
Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Administrative Law Judge		Hearing Date and Time / / ____: ____	
				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	

***IF YOU CHANGE YOUR MAILING ADDRESS, PLEASE NOTIFY THE APPEALS BOARD IMMEDIATELY BY MAIL.**

Attorney's name for this appeal, if any	Address (Number and Street)	City or Town, State, ZIP Code
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PAGE 2 OF THIS FORM MUST BE COMPLETED.

FOR OFFICE USE ONLY

<input type="checkbox"/> \$10 Appeal Fee received	Date _____	Check/Money Order Number _____
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Do not request exhibits or other records on this form. If you want copies of **hearing exhibits** for your personal use, contact the DMV FOIL Unit at: 6 Empire State Plaza, Room 435, Albany NY 12228. Tell the FOIL Unit that you have filed an appeal. Any original exhibits submitted at the hearing automatically become part of the Appeals Board file.

TYPE OR PRINT THE REASON FOR YOUR APPEAL (Do not leave this section blank).

In the space provided below, print or type the reason(s) for your appeal. Attach additional pages, if necessary. Read and sign the certification at the bottom of this page. If you order and receive a transcript, you may send us additional explanations, or reasons for your appeal, within 30 days after you receive the transcript.

You will be notified in writing of the results of your appeal. Personal appearances and oral arguments of appeals are not permitted.

SIGN THIS CERTIFICATION

I certify that the information I have given in this appeal is true, to the best of my knowledge.

Sign Here  _____ Date _____
(Sign Name in Full)

HAVE YOU ENCLOSED A CHECK OR MONEY ORDER FOR THE APPEAL FEE(S)?

- A \$10 (non-refundable) appeal fee is required for **each** conviction appealed. You can use a single money order or check, payable to the Commissioner of Motor Vehicles, to pay more than one appeal fee. **DO NOT SEND PAYMENTS FOR FINES, SURCHARGES, TERMINATION FEES AND/OR TRANSCRIPT DEPOSITS TO THE APPEALS BOARD.**

There is a \$35 penalty for returned/dishonored checks, and your driver license may also be suspended.

