

(FCHP)

TRANSIT ADJUDICATION BUREAU

(FCHP)

(PERF)

MAILING LOCATION:

Transit Adjudication Bureau
P.O. Box 62-9133
Brooklyn, NY 11202-9133

OFFICE LOCATION:

Transit Adjudication Bureau
29 Gallatin Place, 3rd Floor
Brooklyn, NY 11201

VIOLATION NO.
XXXXXXXXXX

FORM 104 (2015)

Notice of Violation and Hearing — New York City Transit Authority vs. Respondent

Last Name		First Name		Initial
Number	Street	City		State
Zip		Tel. Contact No.		
DATE OF BIRTH		SEX	RACE	HEIGHT
MONTH		DAY	YEAR	FT. IN.
WEIGHT		No.		
<input type="checkbox"/> Place of Employment or <input type="checkbox"/> School - if student				
Number	Street	City		State
Zip		Tel. No.		
<input type="checkbox"/> Was Charged <input type="checkbox"/> (Public) Type <input type="checkbox"/> No.				
Name of Parent or Guardian (if under 18)		Last Name	First Name	Initial

N.Y.C.T.A. RULE VIOLATION CHARGED (21 N.Y.C.R.R. PART 1050)

ENTERED WITHOUT PAYMENT
 OBSTRUCTION
 SEATING
 LITTER
 SMOKING
 SPIT/URINATE
 OPEN FLAME
 DISREGARD NOTICE
 Use End Stairs/Pass Between Cars

OTHER RULES
 Section/Subdivision: _____ Title: _____

STATUTE: TA RULES (21 N.Y.C.R.R. PART 1050)
 FAILURE TO COMPLY WITH SECTION _____ OTHER RULES

DATE OF OFFENSE: MONTH _____ DAY _____ YEAR _____ AM _____ PM _____ PCT. _____

Station/location: _____
 Specific Location: 1 Train 2 Platform 3 Mezzanine 4 Street 5 Bus 6 Other

DETAILS OF VIOLATION: _____

FINES: \$25 \$50 \$60 \$75 \$100

WARNING: You are hereby advised, if not answering by mail, to appear in person for a hearing at the Transit Adjudication Bureau, on or before the hearing date below. Failure to do so shall be deemed an admission of the violation charged and may lead to a default judgment and subject you to the maximum penalties provided by law. (SEE INSTRUCTIONS ON REVERSE SIDE.)

HEARING DATE: MONTH _____ DAY _____ YEAR _____ 11:00 AM 2:00 PM

Commission of the violation charged above was observed by me or by the witness/complainant named on the reverse side. At or near the time and place of occurrence I did personally serve a true copy of the herein notice of violation on the above-named respondent. (If "copy received" is checked below, it is deemed under penalty of perjury.)

Name/Signature: _____ Agency: _____ Comment: _____
 (PRINT) First Name Initial Last Name Office ID

COPY REFUSED WITNESS/COMPLAINANT
 EJECTION REPORT FARE MEDIA CONFISCATED

RESPONDENT

XXXXXXXXXX

BARCODE AREA



TO PAY THE NOTICE OF VIOLATION

- Pay Online - You may pay your violation online using a credit card, debit card, or electronic check at <https://new.mta.info/agency/transit-adjudication-bureau>
- Pay by MoneyGram - Receipt Code: 12729
- Pay by Phone - (347) 643 - 5805 and follow the instructions.
Note: A service fee will be added for Online Payments, Pay by Phone and MoneyGram. Your violation number is required for these payment methods.
- Pay by Mail - Mail a check or money order to the mailing location above. DO NOT SEND CASH. Write the violation number on the front of the check or money order, and make payable to: Transit Adjudication Bureau
- Pay in Person - You may pay in person with a check, cash, credit card, debit card, or money order, at the office location above.

BY MAKING A FULL OR PARTIAL PAYMENT YOU ARE ADMITTING LIABILITY FOR THE FINE AND GIVING UP YOUR RIGHT TO A HEARING.

TO HAVE A HEARING
(CHOOSE ONE OF THE FOLLOWING)

- APPEAR IN PERSON at the office location listed above, between 9:30AM and 2:30PM any business day on or before the hearing date shown on this notice of violation. Bring this notice of violation with you, all supporting documents (i.e. when disputing a fare evasion violation, please provide a copy of the back and front of the MetroCard showing the serial number) and/or witnesses you wish to present. Persons under 18 years of age should appear with a parent or legal guardian. Interpreter services are available to deaf persons and for other languages at no charge.
- OR REQUEST A HEARING BY MAIL by completing the REQUEST FORM below. With this notice of violation (with your signature), a written statement of facts sworn to before a Notary Public, and all evidence (i.e. when disputing a fare evasion violation, please provide a copy of the back and front of the MetroCard showing the serial number) you wish to be considered to the mailing location listed above. Failure to send a signed written statement shall be deemed an admission of the violation charged. Failure to submit supporting documents shall be deemed a waiver of the right to submit evidence. By requesting a hearing by mail you will waive your right to an in-person hearing. DO NOT MAKE A PAYMENT. Your hearing by mail request must be received at TAB on or before the hearing date.
- OR REQUEST AN ALTERNATE HEARING DATE on or before the hearing date by calling (347) 643-5805.

Warning: Pursuant to New York State Public Authorities Law 1204-5(a), the Transit Adjudication Bureau is empowered to impose fines to a maximum of \$100 for violations of the T.A. rules, with additional penalties of up to \$50 for failure to respond within the stated time and/or manner.

DIRECTIONS TO 29 GALLATIN PLACE:
 By Subway: 2 or 3 to Hoyt St., 4 or 5 to Navine St., A, C, or G to Hoyt-Schermerhorn St., B, Q, or R to DeKalb Ave., A, C, or F to Jay St.-Boro Hall.
 By Bus: B25, B26, B38, B41, B45, B52, B54, B61, B65, B67 and B103. All buses stop within 3 blocks of Gallatin Place.

REQUEST FOR HEARING BY MAIL
(DO NOT DETACH-SUBMIT ENTIRE SUMMONS)

I plead not guilty. I request a hearing by mail and waive my right to an in-person hearing. I am enclosing this notice of violation, a written statement of facts sworn to before a Notary Public and all evidence I wish to be considered.

Name (print) _____
 Address _____
 City _____ State _____ Zip _____
 Telephone (_____) _____
 Signature _____ Date _____

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