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SEE INSTRUCTION	NS ON F		SIDE.)	DAY	, , ,	YEAF		1						_
HEARING Date		Ĺ						_		3:30				
Commission of t side. At or near on the aforemen	the time	e and pla	ace of o	ccurrent	ce I di	id pers	onally	serve a tru	ue copy	of the	herein	notice	of viola	erse ution
Rank/Signature								Agency	Co	ommar	nd	ı	ı	
(PRINT)	Fire	st Name	Ir	nitial		Last N	ame		Officer I	D I	ı	<u>'</u>	<u> </u>	
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NOTICE OF VIOLATION AND HEARING

ISSUING OFFICER: USE THE SPACE BELOW TO RECORD WITNESS/COMPLAINANT INFORMATION OR DESCRIPTION OF CONFISCATED FARE MEDIA. MARK ADDITIONAL INFORMATION OR PROPERTY BOX(ES) ON FRONT OF NOTICE OF VIOLATION IF WITNESS/COMPLAINANT OR PROPERTY INFORMATION IS WRITTEN BELOW.

IMPORTANT: REMOVE RESPONDENT COPY BEFORE **COMPLETING THIS SIDE.**

WITNESS/COMPLAINANT	1: NAME	(PRINT)	
ADDRESS			ID / BADGE NUMBER
7.057.250			
CITY	STATE	ZIP CODE	DAY TELEPHONE
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I personally observed the Affirmed under penalty of		e violation cha	arged above.
WITNESS/COMPLAINA SIGNATURE:			
WITNESS/COMPLAINANT	2: NAME	(PRINT)	
ADDRESS			ID / BADGE NUMBER
CITY	STATE	ZIP CODE	DAY TELEPHONE
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I personally observed the Affirmed under penalty of		e violation ch	arged above.
WITNESS/COMPLAINA SIGNATURE:			
DESCRIPTION OF CONFISCAT	ED FARE MEDIA:		
PROPERTY VOUCHER NUMB	ER:		

TRANSIT ADJUDICATION BUREAU 29 GALLATIN PLACE, 3RD FLOOR BROOKLYN, N.Y. 11201 (347) 643-5805







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Warning: If you are required to pay a fine, you must pay the fine in full or have a hearing by mail or e-mail or appear for an in-person hearing at TAB on or before the Hearing Date shown on the front of this Notice of Violation. Failure to do so may lead to a default judgment and subject you to additional penalties.

TO CONTACT TAB: CALL (347) 643-5805 or GO TO mta.info/TAB

HEARING OFFICE ADDRESS NYCT Transit Adjudication Bureau 29 Gallatin Place, 3rd Fl Brooklyn, NY 11201

MAILING ADDRESS NYCT Transit Adjudication Bureau P.O. Box 02-9133 Brooklyn, NY 11202-9133

Language assistance services are available by calling or appearing at TAB.

FOR FARE EVASION ONLY

- Penalties for Fare Evasion have changed as of Jan. 1, 2025. In general, within a four-year period, first offense - warning, no fine; second offense - \$100 fine with \$50 OMNY credit if fine is paid on time in full; third offense and up - \$150 fine. Participants in the City of New York's Fair Fares program may be eligible for a fine reduction or waiver. Call 311 for Fair Fares information.
- FOR FARE EVASION VIOLATIONS, THE TRANSIT ADJUDICATION BUREAU WILL NOTIFY YOU BY MAIL IF YOU ARE RECEIVING A WARNING FOR A FIRST OFFENSE OR IF YOU ARE REQUIRED TO PAY A FINE OF \$100 OR \$150. YOU SHOULD EXPECT TO RECEIVE THIS MAIL NOTIFICATION APPROXIMATELY 15 DAYS AFTER THE DATE OF THIS VIOLATION.
- DO NOT SEND A PAYMENT UNTIL YOU ARE NOTIFIED OF A FINE.
- AFTER YOU RECEIVE NOTIFICATION OF A FINE, YOU HAVE SEVERAL PAYMENT OPTIONS.

SEE BELOW

TO PAY YOUR FINE

- Pay Online: Scan the QR code on the front of this Notice, or go to mta.info/TAB and follow instructions.
 - Pay by Phone: Call (347) 643-5805.
 - Pay by MoneyGram: TAB billing/receive/identification code is 12728
 - Pay by Mail: Send check or money order payable to "Transit

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- Pay in Person: Bring check, cash, card, or money order to TAB at 29 Gallatin Place, 3rd Floor, Brooklyn, NY 11201.
- If you cannot afford to pay your entire fine by the hearing date, you may be able to set up a payment plan by calling (347) 643-5805.

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

(CHOC	SE ONE OF THE FOLLOWING)	
• FOR AN IN-PERSON HEARING: Brin	g this notice, evidence, photo ID, and	witnesses to TAB at 29
p.m., other than weekends or holiday • OR FOR A HEARING BY MAIL or E-N mta.info/TAB and follow the instructi	on or before the Hearing Date betwoen ys. If under 18, you must bring a paren MAIL: Scan the QR code on the front o ions OR fill out the information below to TAB. Your Hearing by Mail or E-Ma	t/guardian. f this Notice or go to and mail this notice, a
received by TAB on or before the He	aring Date.	
I, (full name)	, deny the viola	tion or the fine
owed. I am enclosing this no	otice of violation, a written s	tatement of facts
sworn and supporting evide	nce. I (full name)	certify
under penalty of perjury tha	at all information enclosed, in	ncluding a copy
,	card number AND/OR a recusive supporting materials are true	,

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my knowledge. Address:				
City:	State:	Zip:	Tel. number:	
Signature		Date	:	





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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 aforementioned respondent, <u>unless</u> "copy refused" is checked below. Affirmed under penalty of perjury. Rank/Signature Agency Command															
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□ EJECTIO	N REP	ORT	□ FA	ARE MED	IA C	ONFISC	ATED)							

OFFICER

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received by TAB on or before the He	aring Date.	
I, (full name)	, deny the viola	tion or the fine
owed. I am enclosing this no	otice of violation, a written s	tatement of facts
sworn and supporting evide	nce. I (full name)	certify
under penalty of perjury tha	at all information enclosed, in	ncluding a copy
,	card number AND/OR a recusive supporting materials are true	,

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my knowledge. Address:				
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