



1A

REV. 02/2024

TRANSIT ADJUDICATION BUREAU

VIOLATION NO.

129609307

FOR TAB USE

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

Last Name		First Name				Initial	
Number		Street				Apt.	
City		State		Zip			
Tel. Contact No. ()		S.S.#					
		<input type="checkbox"/> Refused					
DATE OF BIRTH	MONTH	DAY	YEAR	SEX	RACE	HEIGHT FT. IN.	WEIGHT
<input type="checkbox"/> Place of Employment or <input type="checkbox"/> School - if student							
Number		Street					
City		State		Zip		Tel. No. ()	
ID Was Observed	Photo ID <input type="checkbox"/> Yes <input type="checkbox"/> No	Type		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)

- | | | | | | |
|---|---|---|---|---|---|
| <input type="checkbox"/> 1 ENTERED WITHOUT PAYMENT
4(a) | <input type="checkbox"/> 2 OBSTRUCTION SEATING
7(j) | <input type="checkbox"/> 3 LITTER/ SPIT/ URINATE
7(a) | <input type="checkbox"/> 4 SMOKING/ OPEN FLAME
7(b) | <input type="checkbox"/> 5 DISREGARD NOTICE
6(d)2 | <input type="checkbox"/> 6 Use End Door(s)/Pass Between Cars
9(d) |
|---|---|---|---|---|---|

STATUTE: TA RULES (21 N.Y.C.R.R. PART 1050) UNLESS OTHERWISE SPECIFIED				<input type="checkbox"/> OTHER RULES		Section/Subdivision	
DATE OF OFFENSE	MONTH	DAY	YEAR	AM	TIME	PM	PCT.
							Post
Station/Location							
Specific Location	<input type="checkbox"/> 1 Train	<input type="checkbox"/> 2 Platform	<input type="checkbox"/> 3 Mezzanine	<input type="checkbox"/> 4 Street Stairs	<input type="checkbox"/> 5 Bus	<input type="checkbox"/> 6 Other	
DETAILS OF VIOLATION							
FINE	FARE EVASION ONLY: SEE REVERSE FOR IMPORTANT INFORMATION ABOUT WARNINGS AND FINES				\$25 \$50 \$60 \$75 \$100 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

WARNING: You are hereby directed to pay any fine or answer by mail or e-mail, or 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	1	8:30 AM
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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 aforementioned respondent, unless "copy refused" is checked below. Affirmed under penalty of perjury.

Rank/Signature			Agency		Command		
(PRINT)	First Name	Initial	Last Name		Officer ID		

- | | |
|--|---|
| <input type="checkbox"/> COPY REFUSED | <input type="checkbox"/> WITNESS/COMPLAINANT |
| <input type="checkbox"/> EJECTION REPORT | <input type="checkbox"/> FARE MEDIA CONFISCATED |

Scan the QR code for more information about TAB



TAB

129609307





TRANSIT ADJUDICATION BUREAU

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
CITY	STATE	ZIP CODE	DAY TELEPHONE ()

I personally observed the commission of the violation charged above.
Affirmed under penalty of perjury.

WITNESS/COMPLAINANT 1

SIGNATURE: X

WITNESS/COMPLAINANT 2: NAME (PRINT)			
ADDRESS			ID / BADGE NUMBER
CITY	STATE	ZIP CODE	DAY TELEPHONE ()

I personally observed the commission of the violation charged above.
Affirmed under penalty of perjury.

WITNESS/COMPLAINANT 2

SIGNATURE: X

DESCRIPTION OF CONFISCATED FARE MEDIA:
PROPERTY VOUCHER NUMBER:

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



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Number		Street				Apt.	
City			State		Zip		
Tel. Contact No. ()			S.S.#				
			<input type="checkbox"/> Refused				
DATE OF BIRTH	MONTH	DAY	YEAR	SEX	RACE	HEIGHT FT. IN.	WEIGHT
<input type="checkbox"/> Place of Employment or							
<input type="checkbox"/> School - if student							
Number		Street					
City			State		Zip		Tel. No. ()
ID Was Observed <input type="checkbox"/>	Photo ID <input type="checkbox"/>	Type		No.			
Yes		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)

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|---|---|---|---|---|---|
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4(a) | <input type="checkbox"/> 2 OBSTRUCTION SEATING
7(j) | <input type="checkbox"/> 3 LITTER/ SPIT/ URINATE
7(a) | <input type="checkbox"/> 4 SMOKING/ OPEN FLAME
7(b) | <input type="checkbox"/> 5 DISREGARD NOTICE
6(d)2 | <input type="checkbox"/> 6 Use End Door(s)/Pass Between Cars
9(d) |
|---|---|---|---|---|---|

STATUTE: TA RULES (21 N.Y.C.R.R. PART 1050) UNLESS OTHERWISE SPECIFIED			<input type="checkbox"/> OTHER RULES		Section/Subdivision		
DATE OF OFFENSE	MONTH	DAY	YEAR	AM	TIME	PM	PCT.
							Post
Station/Location							
Specific Location	<input type="checkbox"/> 1 Train	<input type="checkbox"/> 2 Platform	<input type="checkbox"/> 3 Mezzanine	<input type="checkbox"/> 4 Street Stairs	<input type="checkbox"/> 5 Bus	<input type="checkbox"/> 6 Other	
DETAILS OF VIOLATION							
FINE		FARE EVASION ONLY: SEE REVERSE FOR IMPORTANT INFORMATION ABOUT WARNINGS AND FINES			\$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$60 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/>		

WARNING: You are hereby directed to pay any fine or answer by mail or e-mail, or 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.

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Rank/Signature			Agency		Command		
(PRINT)	First Name	Initial	Last Name		Officer ID		

- COPY REFUSED WITNESS/COMPLAINANT
 EJECTION REPORT FARE MEDIA CONFISCATED

Scan the QR code for more information about TAB



RESPONDENT

129609307



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 Adjudication Bureau" to: TAB, P.O. Box 02-9133, Brooklyn, NY 11201. Write the violation number on the front. **Do not send cash. Payment must be received by TAB no later than the hearing date.** PAYMENT WILL BE CREDITED WHEN RECEIVED BY TAB, WHICH IS NOT RESPONSIBLE FOR POST OFFICE DELAYS.
 - 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

(CHOOSE ONE OF THE FOLLOWING)

- **FOR AN IN-PERSON HEARING:** Bring this notice, evidence, photo ID, and witnesses to TAB at 29 Gallatin Place 3rd Floor, Brooklyn, NY **on or before the Hearing Date** between 8:30 a.m. and 2:30 p.m., other than weekends or holidays. If under 18, you must bring a parent/guardian.
- **OR FOR A HEARING BY MAIL OR E-MAIL:** Scan the QR code on the front of this Notice or go to mta.info/TAB and follow the instructions OR fill out the information below and mail this notice, a statement of facts, and any evidence to TAB. Your Hearing by Mail or E-Mail materials must be **received by TAB on or before the Hearing Date.**

I, (full name) _____, deny the violation or the fine owed. I am enclosing this notice of violation, a written statement of facts sworn and supporting evidence. I (full name) _____ certify under penalty of perjury that all information enclosed, including a copy of my fare card showing the card number AND/OR a record of my OMNY account number, and other supporting materials are true to the best of my knowledge.

Address: _____

City: _____ State: _____ Zip: _____ Tel. number: _____

Signature _____ Date: _____



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ID Was Observed <input type="checkbox"/>	Photo ID <input type="checkbox"/>	Type		No.			
Yes		No					
Name of Parent or Guardian (If under 18)		Last Name		First Name		Initial	

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OFFICER

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Address: _____

City: _____ State: _____ Zip: _____ Tel. number: _____

Signature _____ Date: _____