

TRANSIT ADJUDICATION BUREAU

VIOLATION NO.

123456789

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	<input type="checkbox"/> Photo ID Yes 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.
Station/Location						Post	
Specific Location	1 <input type="checkbox"/> Train	2 <input type="checkbox"/> Platform	3 <input type="checkbox"/> Mezzanine	4 <input type="checkbox"/> Street Stairs	5 <input type="checkbox"/> Bus	6 <input type="checkbox"/> Other	
DETAILS OF VIOLATION							
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> FINE </div> <div style="background-color: yellow; padding: 5px; margin-right: 10px;"> FARE EVASION ONLY: SEE REVERSE FOR IMPORTANT INFORMATION ABOUT WARNINGS AND FINES </div> <div> \$25 \$50 \$60 \$75 \$100 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div>							

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
---------------------	-------	-----	------	---	---------

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.

OFFICER

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



RESPONDENT

123456789



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: _____