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REV. 11/2019

(PERF)

TRANSIT ADJUDICATION BUREAU

(PERF)

VIOLATION NO.

XXXXXXXXXX

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		WEIGHT			
FT.		IN.			
<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"/> Yes <input type="checkbox"/> No	Photo ID	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	<input type="checkbox"/> 2 OBSTRUCTION SEATING	<input type="checkbox"/> 3 LITTER/ SPIT/ URINATE	<input type="checkbox"/> 4 SMOKING/ OPEN FLAME	<input type="checkbox"/> 5 DISREGARD NOTICE	<input type="checkbox"/> 6 Use End Door(s)/Pass Between Cars
4(a)	7(j)	7(a)	7(b)	6(d)2	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 <input type="checkbox"/> TIME : PM <input type="checkbox"/> PCT.
Station/Location				
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				
AVAILABLE FINE	\$25 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$60 <input type="checkbox"/>	\$75 <input type="checkbox"/>
				\$100 <input type="checkbox"/>
				\$ <input type="checkbox"/>

WARNING: You are hereby directed, 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	1	8:30 AM <input type="checkbox"/>
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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

- ☐ COPY REFUSED ☐ WITNESS/COMPLAINANT
☐ EJECTION REPORT ☐ FARE MEDIA CONFISCATED

TAB

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BARCODE AREA



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(PERF)

(PERF)

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		NYCTA PASS 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		NYCTA PASS 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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REV. 11/2019

(PERF)

TRANSIT ADJUDICATION BUREAU

(PERF)

VIOLATION NO.

XXXXXXXXXX

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		WEIGHT			
FT.		IN.			
<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"/> Yes <input type="checkbox"/> No	Photo ID	Type	No.	
Name of Parent or Guardian (If under 18)		Last Name		First Name	
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N.Y.C.T.A. RULE VIOLATION CHARGED (21 N.Y.C.R.R. PART 1050)

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4(a)	7(j)	7(a)	7(b)	6(d)2	9(d)

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DATE OF OFFENSE	MONTH	DAY	YEAR	AM <input type="checkbox"/> PM <input type="checkbox"/>
				PCT.
Station/Location				
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				
AVAILABLE FINE	\$25 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$60 <input type="checkbox"/>	\$75 <input type="checkbox"/>
				\$100 <input type="checkbox"/>
				\$ <input type="checkbox"/>

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(SEE INSTRUCTIONS ON REVERSE SIDE.)

HEARING DATE	MONTH	DAY	YEAR	1
				8:30 AM <input type="checkbox"/>

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.

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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

RESPONDENT

XXXXXXXXXX

BARCODE AREA



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B-2A

B-2B

B-2A

(PERF)

MAILING LOCATION:

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

OFFICE LOCATION:

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

(PERF)

TELEPHONE NO.: (347) 643-5805

Please read these instructions carefully. You must have a hearing or pay the full amount of your fine **on or before the hearing date** shown on this notice of violation or you will be subject to additional penalties of up to \$50.00.

NOTE: PAYMENT WILL BE CREDITED ON THE DAY OF RECEIPT BY THE TRANSIT ADJUDICATION BUREAU (TAB). TAB IS NOT RESPONSIBLE FOR POST OFFICE DELAYS.

TO PAY THE NOTICE OF VIOLATION

- **Pay Online** - You may pay your violation online using a credit card, debit card, or electronic check at <http://web.mta.info/nyct/transitadjudicationbureau.html>
- **Pay by MoneyGram** - Receive Code: 12728
- **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 8:30AM 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. Mail 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.

YOU MUST PROVIDE A PHOTO ID TO ENTER THE TAB FACILITY

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 Nevins 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) _____

First

Initial

Last

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Signature _____ Date _____

