

TRANSIT ADJUDICATION BUREAU

VIOLATION NO.

FOR TAB USE

Summons Number



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.#		Refused <input type="checkbox"/>					
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 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)
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Rule Number



Date of Offense



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

Details about the Prohibited Conduct



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						

Location of Offense



AVAILABLE FINE	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100	<input type="checkbox"/> \$ _____
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Fine Amount



Hearing Date (must respond to summons on or before this date)



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

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

RESPONDENT



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

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://www.mta.info/nyc/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.) 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.) you wish to be considered to the mailing location listed above. **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 _____

Location 

How to Request a Hearing 

ID Requirement 

Directions 

How to Pay 