

**IN THE DISTRICT COURT OF DOUGLAS COUNTY KANSAS
SEVENTH JUDICIAL DISTRICT**

(Rev. 11/11)

STATE OF KANSAS
VS.

Case No. _____

TRAFFIC DIVERSION APPLICATION AND AGREEMENT

Charge(s) _____

Ticket Number _____ Next court date and time _____

(As on ticket)

Full Name _____ Date of Birth _____

Address _____ Phone _____

City/State _____ Zip Code _____

Sex ____ Race ____ DL # & State _____ SS# _____

Do you have a Commercial Driver's License? Yes ____ No ____ If "Yes" you are NOT eligible for diversion.

Upon acceptance of this agreement, the defendant agrees to do the following:

Pay diversion costs of	\$ _____	(not to exceed \$100-If diversion is denied, \$25 of this fee is non-refundable)
Pay the statutory fine of	+\$ _____	
Pay court costs of	+\$ <u>98.00</u>	(Check or money order must accompany application/agreement and should be made payable to " DA Custodial Fund.")
TOTAL	= \$ _____	

The defendant agrees to **waive all rights** to a speedy trial. The defendant acknowledges a right to consult with an attorney and understands that the District Attorney's Office cannot give legal advice on this matter. If proceeding without the advice of counsel, the defendant waives any right to an attorney. The defendant stipulates and agrees that the facts as presented in the Complaint in this matter are true. **Defendant understands that if the application is denied, \$25 of the diversion cost is non-refundable.**

Upon receipt of payment in the amount specified above and determination of eligibility, the State agrees to do the following: **Dismiss, with prejudice, the charges in the compliant.**

I solemnly swear that I have read the foregoing Diversion Application and all of the information is true and correct to the best of my knowledge. I understand that giving false information will be a basis for denial of diversion or revocation of diversion including the reinstatement of charges against me.

Defendant

Name (Printed)

Attorney for Defendant (if any)

Subscribed and sworn to before me on _____, _____

Notary Public: _____

Assistant District Attorney

My appointment expires: _____

(Do not write below this space)

Cash Received			Disbursed		
Date	Receipt No.	Amount	Date	Amount	Payee