

TRAFFIC DIVERSION APPLICATION

You must complete every blank and provide all information on this form completely and accurately.

Name: _____

Address: _____

Telephone Number(s): _____

D.O.B.: _____ Sex: _____ Race: _____

Social Security #: _____ D.L.#: _____ State D.L. from: _____

Do you have a commercial driver's license? _____

If yes, from what state? _____

Employer: _____ How long?: _____

Date Ticket Issued: _____ Next Court Appearance: _____

Charges: _____

Attorney (including address and phone #): _____

List all states other than Kansas, where you have lived: _____

Have you had other moving violations (speeding, etc.) reduced, amended or diverted? _____

If yes, what were the charges, in what city, county and state did the event occur, and when did it occur?

List all offenses for which you have been arrested or charged at any time and in any jurisdiction. Include expunged offenses, juvenile offenses and all traffic offenses. This section applies even if the charges were dismissed or someone told you the charges would not be on your record.

State any mitigating facts concerning the ticket that you believe might excuse your actions.

Explain why you feel you could successfully complete the Traffic Diversion Program. **This section must be completed in the applicant's own handwriting or the application will be returned.**

State in detail the facts which caused the ticket to be issued. **This section must be completed in the applicant's own handwriting or the application will be returned.**

I solemnly swear that I have read the foregoing Traffic 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.

I hereby authorize the Anderson County Attorney's Office to release any information in the Anderson County Attorney's file pertaining to the offense for which I am charged to any agency which is performing the psychological, drug, alcohol and/or other evaluation, any law enforcement agency, or any other such person or agencies for use in determining whether I am a suitable candidate for the Traffic Diversion Program. I further authorize any person, agency or organization to release and provide, upon request, any information to the Anderson County Attorney's Office in consideration of my application for the Traffic Diversion Program.

I further authorize any person, agency or organization that is conducting an evaluation or treatment as part of the Traffic Diversion Program to release information to any other person, agency or organization as needed for the evaluation or treatment process.

Signature of Applicant

Subscribed and sworn to before me on _____, 20____.

Notary Public

Signature of Attorney (if represented by counsel)

**IF YOUR SIGNATURE IS NOT NOTARIZED THE APPLICATION
WILL BE RETURNED**

Return this application, either in person or by US mail to:

Anderson County Attorney's Office
ATTN: Traffic Diversions
P.O. Box 367
100 E. 4th Avenue
Garnett, Kansas 66032
(785) 448-5703

**COMPLETED APPLICATIONS SUBMITTED VIA FACSIMILE WILL NOT BE
CONSIDERED.**