

IN THE DISTRICT COURT OF DOUGLAS COUNTY KANSAS  
SEVENTH JUDICIAL DISTRICT

(Rev. 03/15)

STATE OF KANSAS  
VS.

Case No. \_\_\_\_\_

TRAFFIC DIVERSION APPLICATION AND AGREEMENT

Charge(s) \_\_\_\_\_ Next court date and time \_\_\_\_\_

Ticket Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ Sex \_\_\_\_\_  
(As on ticket)

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

City/State \_\_\_\_\_ DL # & State \_\_\_\_\_

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 court costs of \$ 108.00

**TOTAL** = \$ 108.00 (Check or money order must accompany application/agreement and should be made payable to "DA Custodial Fund.")

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.

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. Defendant understands that if the application is denied, \$25 of the diversion cost is non-refundable.**

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: \_\_\_\_\_

My appointment expires: \_\_\_\_\_

\_\_\_\_\_  
Assistant District Attorney

**MAIL APPLICATION AND PAYMENT TO: District Attorney's Office, 111 E 11<sup>th</sup> St Unit 100, Lawrence, KS 66044.**

(Do not write below this space)

Cash Received			Disbursed		
Date	Receipt No.	Amount	Date	Amount	Payee

