



Office of the District Attorney
18th Judicial District of Kansas

Application for Traffic Diversion Program

Note: all questions must be completed. If not applicable, put N/A in the box

Last Name _____ First Name _____ Initial _____

Street Address _____

City _____ State: _____ Zip Code _____ Email _____

Phone Number _____ Work Number _____

Social Security Number _____ Date of Birth _____

Driver's License Number _____ State _____

Insurance Company Name (*attach auto insurance card*) _____

Policy Number _____ Expiration Date _____

Citation Number _____ Date Received _____

Prior Traffic Offenses: Number of traffic tickets you have received within the past five years whether you were convicted or not:

Prior Criminal Offenses Record: Number of times arrested or charged with a crime whether you were convicted or not:

I hereby apply to participate in the Traffic Diversion Program. I waive my right to a speedy trial and ask that the trial of my case be continued at my request at least six months so I can complete the program. I understand that giving incorrect information or not giving requested information in the application is grounds to deny me diversion or remove me from the program. I admit I committed the traffic offense alleged in the Uniform Notice to Appear and Complaint.

I declare under penalty of perjury that the information in the application is true and correct.

Signature _____

Completed and signed on Date _____

DOWNTOWN
525 N. MAIN, SUITE 235
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