

BUTLER COUNTY ATTORNEY'S OFFICE
APPLICATION FOR SPEEDING/MISCELLANEOUS TRAFFIC DIVERSION

APPLICATION WILL NOT BE ACCEPTED WITHOUT PAYMENT OF A \$25.00 NON-REFUNDABLE APPLICATION FEE AT THE TIME OF FILING. MONEY ORDER OR CERTIFIED CHECK ONLY! NO EXCEPTIONS. MAKE PAYMENT PAYABLE TO: BUTLER COUNTY ATTORNEY

Charges filed: _____ Date of Offense _____
Court Date _____ Citation # _____
Defense Attorney: _____ Address: _____
Telephone: _____

ALL QUESTIONS MUST BE COMPLETE. TYPE OR PRINT CLEARLY.

1. FULL NAME: _____ TELEPHONE: _____

ADDRESS: _____
(Street) (City) (State) (Zip Code)

2. AGE: _____ SEX: _____ RACE: _____ 3. DOB: _____ 4. SSN: _____

5. DRIVER'S LICENSE: _____ STATE: _____ CDL: _____

6. HOME TELEPHONE: _____ WORK TELEPHONE: _____

7. TRAFFIC OFFENSE CONVICTIONS or TRAFFIC DIVERSIONS: (Within last 5 years):

OFFENSE:	YEAR/STATE	CONVICTION?
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8. DO YOU HAVE ANY TRAFFIC CITATIONS OR CRIMINAL CHARGES PENDING IN KANSAS OR ANY OTHER CITY, COUNTY OR STATE? _____ Yes/No

If yes, Where? _____

9. VEHICLE INSURANCE INFORMATION:

COMPANY: _____ POLICY NO: _____

AGENT'S NAME: _____ TELEPHONE NO.: _____

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10. Explain why you believe you would successfully complete the Diversion Program:

I hereby apply for status as a participant in the Diversion Program. I request that the Butler County Attorney temporarily delay trial proceedings against me in order to permit the County Attorney's consideration of this application. I agree that any time taken to consider this application and the rescheduling for trial, should I be denied, will be assessed against me in determining my right to a Speedy Trial. I understand that the final decision to commence trial proceedings or to defer prosecution in my case rests entirely with the Butler County Attorney.

I authorize the Diversion Coordinator to conduct an investigation to determine suitability for this program. I understand that any information furnished or authorized by me, to be given to the Diversion Coordinator in connection with this investigation, will be kept confidential.

I understand that a false answer to any question in this application, or withholding information requested, may be grounds for recommendation against placement into this program or removal after placement in the program, in which case, the Butler County Attorney will resume prosecution of the original charges. I also understand that the Butler County Attorney may file additional criminal charges against me if I give any false information in this application.

DATE

APPLICANT