

Application for Diversion Program

Last Name: _____ First Name: _____ Initial: _____

Street Address: _____

City, State, Zip: _____

E-mail address: _____

Phone Number: _____

Work Number: _____

Social Security Number: _____

Date of Birth: _____

Driver's License Number: _____ DL State: _____

Insurance Company Name (attach insurance card): _____

Citation Number: _____ Date Received: _____

Prior Traffic Offenses (Number of tickets you have received within the past five years): _____

Prior Criminal Offense Record (Number of times arrested or charged with a crime): _____

I hereby apply to participate in the 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 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.

Completed and signed on (date): _____

Signature: _____