

**Pre-Trial Driving While Suspended and No Proof of Insurance Diversion Information Sheet**  
**(For citations issued after January 1, 2020)**

The following citations are NOT ELIGIBLE for diversion:

- **Hit and Run**
- **Failure to Report an Accident**
- **Failure to Yield to Emergency Equipment**
- **Exhibition of Speed**
- **Reckless Driving**
- **Evade/Elude Police; and**
- **Citations involving more than four (4) violations.**

Those with a Commercial Driver's License (CDL) are not eligible for diversion.

You **MUST** apply for diversion within thirty (30) days of the issuance of your citation, pay the \$25.00 non-refundable application fee and answer **completely** all questions on the application. Failure to do so will result in denial of your application or a delay in the court date.

When your application is filed, you will be given a court date. You **MUST** attend the court date. Failure to do so will result in the denial of your application for diversion and the issuance of a bench warrant for your arrest.

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**DRIVING WHILE SUSPENDED DIVERSION:** If you have been charged with Driving While Suspended, you may be eligible for consideration for the Driving While Suspended Diversion Program **ONLY IF:**

- In the prior three years, you have **NOT:**
  - been convicted of Driving While Suspended in this or any other municipality;
  - had a Driving While Suspended charge amended in this or any other municipality; or
  - previously participated in a Diversion for Driving While Suspended in this or any other municipality.
- **Your Driving While Suspended Charge is the result of a failure to pay fines and/or failure to obtain liability insurance. If your license has been suspended for any other reason, you are not eligible for diversion.**
- You have current liability insurance.
- **Your citation did not result in or arise out of an injury accident.** Non-injury accident citations with valid insurance at the time of the accident will be considered for diversion.

If your application for Diversion is accepted, the City will postpone the trial on the charge against you for twelve months. In return, you must do the following:

1. PAY ALL COSTS, FINES AND FEES

**(\$200.00 is due at the time the agreement is signed.)**

Driving While Suspended Fine:	\$200.00
Diversion Fee:	100.50
Application Fee:	25.00
Court Costs:	<u>81.50</u>
Total:	\$407.00

2. Agree to waive your constitutional rights to a speedy trial on the charge(s) against you.
3. Agree to stipulate to the citation, all police reports and any video or audio tapes available pertaining to the facts and circumstances of the charge against you.
4. Agree to stipulate that you were operating a motor vehicle within the city limits of Wichita and that your driving privileges were suspended by the Department of Revenue. Further stipulate that notice of suspension of your license was properly mailed by the Department of Revenue to your last address.
5. Obey all laws of the United States and any other state or municipality.
6. Receive no new traffic charges for twelve months.
7. Attend a Court Approved Driver Awareness Class and provide proof within 180 days.
8. Agree to have your Driver's License reinstated within 180 days.
9. Maintain a valid driver license and insurance during the period of diversion.

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**NO PROOF OF INSURANCE DIVERSION:** you may be eligible for consideration for the City of Wichita No Proof of Insurance Diversion Program ONLY IF:

- **In the prior three years you have NOT:**
  - been convicted of No Proof of Insurance in this or any other municipality;
  - had a No Proof of Insurance charge amended in this or any other municipality, or
  - previously participated in a diversion for No Proof of Insurance in this or any other municipality.
- **You must provide proof of current liability insurance at the time you apply for this diversion.** You are required to maintain liability insurance throughout the duration of the diversion program. At the conclusion of the diversion we must be able to verify that you have had continuous and valid coverage during the entire time of the diversion. A lapse in insurance coverage will result in your diversion being terminated.
- **Your citation did not result in or arise out of an accident.**

If your application for Diversion is accepted, the City will postpone the trial on the charge against you for twelve months. In return you must do the following:

1. PAY ALL COSTS, FINES AND FEES

**(\$200.00 is due at the time the agreement is signed.)**

No Proof of Insurance Fine:	\$200.00
Diversion Fee:	100.50
Application Fee:	25.00
Court Costs:	<u>81.50</u>
Total:	\$407.00

2. Agree to waive your constitutional rights to a speedy trial on the charge(s) against you.
3. Agree to stipulate to the citation, all police reports and any video or audio tapes available pertaining to the facts and circumstances of the charge against you.
4. Agree to stipulate that you were operating a motor vehicle within the city limits of Wichita and that you did not have current liability insurance at the time of the traffic stop.
5. Obey all laws of the United States and any other state or municipality.
6. Receive no new traffic charges for twelve months.
7. Attend a Court Approved Driver Awareness Class and provide proof within 180 days.
8. Agree to provide proof of continuous liability insurance, to be verified at the time of application and before completion of the twelve-month diversion period. Proof of insurance must be on original letterhead from your insurance provider or agent (no faxes, emails or copies).
9. Maintain a valid driver license during the period of the diversion.

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**IF YOU ARE CURRENTLY CHARGED WITH BOTH DRIVING WHILE SUSPENDED AND NO PROOF OF INSURANCE, YOU WILL BE CONSIDERED FOR THE CITY OF WICHITA DRIVING WHILE SUSPENDED/NO PROOF OF INSURANCE DIVERSION IF YOU MEET ALL REQUIREMENTS LISTED ABOVE FOR BOTH PROGRAMS AND AGREE TO ALL CONDITIONS LISTED ABOVE FOR BOTH PROGRAMS.**

PAY ALL COSTS, FINES AND FEES

**(\$200 is due at the time the agreement is signed.)**

No Proof of Insurance Fine:	\$200.00
Driving While Suspended Fine:	200.00
Diversion Fee:	100.50
Application Fee:	25.00
Court Costs:	<u>81.50</u>
Total:	\$607.00

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Application forms for diversion are available in the Municipal Court Clerk's Office – 2<sup>nd</sup> Floor, City Hall, 455 N Main. You may also download the application from the City of Wichita website at [www.wichita.gov](http://www.wichita.gov).

If you successfully complete the diversion, the charges against you will be dismissed after twelve months.

If you fail to complete the requirements of the diversion program, a Motion to Terminate will be filed and mailed to the address on your diversion application with notice of a court date. At the court hearing, you may consent to the termination or have your case proceed to trial on the original traffic charge(s) with the only evidence being the facts stipulated to in the Diversion Agreement. Your failure to attend the hearing will result in the City's Motion being sustained and a bench warrant issued for your arrest. The traffic charge(s) will then show as a conviction on your driving record. You **MUST** pay the initial \$200 on the day you sign the Diversion Agreement – **NO EXCEPTIONS.**

**APPLICATION WILL NOT BE ACCEPTED WITHOUT PAYMENT OF THE APPLICATION FEE AND INSURANCE INFORMATION AT THE TIME OF FILING.**

**APPLICATION FOR DRIVING WHILE SUSPENDED AND/OR NO PROOF OF INSURANCE DIVERSION**

Docket Number: \_\_\_\_\_ Attorney: \_\_\_\_\_

Court Date: \_\_\_\_\_ Attorney Address: \_\_\_\_\_

Attorney Phone: \_\_\_\_\_

Attorney Email: \_\_\_\_\_

**ALL ANSWERS MUST BE COMPLETE: TYPE OR PRINT CLEARLY.**

1. FULL NAME: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
(Street) (City) (State) (Zip)

2. AGE: \_\_\_\_\_ 3. DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_

4. SOCIAL SECURITY NUMBER: \_\_\_\_\_

5. DRIVER'S LICENSE NUMBER: \_\_\_\_\_ COMMERCIAL DL # \_\_\_\_\_

DRIVER'S LICENSE STATE: \_\_\_\_\_

6. I REQUEST CORRESPONDENCE REGARDING MY DIVERSION IS SENT BY (Please choose only one): \_\_\_\_\_ email \_\_\_\_\_ postal mail

**If by email**, my email address is: \_\_\_\_\_

*(Please type or print clearly)*

7. PRIOR OFFENSE RECORD: \_\_\_\_\_ None \_\_\_\_\_ Juvenile \_\_\_\_\_ Adult

CRIMINAL OFFENSE CONVICTION/DIVERSION:

\_\_\_\_\_  
\_\_\_\_\_

8. TRAFFIC OFFENSE CONVICTIONS: (Within Last 5 Years)

\_\_\_\_\_  
\_\_\_\_\_

9. DATE OF CURRENT CITATION: \_\_\_\_\_ CITATION # \_\_\_\_\_

10. REASON FOR CURRENT LICENSE SUSPENSION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are you now, or have you ever, participated in any other traffic diversion program? \_\_\_\_\_  
If yes, please state where and effective date of program.

\_\_\_\_\_

12. Do you have any other traffic citations pending in any other city, county, or state? \_\_\_\_\_

If yes, please state where: \_\_\_\_\_  
(Court, City and State, citation number)

**13. STATE THE NAME OF YOUR VEHICLE INSURANCE COMPANY, YOUR AGENT'S NAME, AGENT'S TELEPHONE NUMBER AND THE INSURANCE POLICY NUMBER:**

INSURANCE COMPANY: \_\_\_\_\_ POLICY NO: \_\_\_\_\_

AGENT'S NAME: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

I hereby apply for status as a participant in the diversion program and request that the City Attorney temporarily delay trial proceedings against me in order to permit 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 City Attorney.

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

A false answer to any question in this application may be grounds for recommendation against placement into this program or removal after placement in the program, in which case the City Attorney will resume prosecution of the original charges. I understand and agree that I have an ongoing duty to update the City Attorney's Office of any changes in the information regarding my application including information regarding any traffic or criminal offenses

I declare (or verify, certify, or state) under the penalty under the laws of the State of Kansas, that I have personally read or have had read to me the above application and responses thereto and that all information contained in the foregoing application is true and correct.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT