

CITATION NUMBER: _____

Pre-Trial Traffic Diversion
Information Sheet (accepted after July 1, 2019)

If you have been charged with a traffic infraction, you may be eligible for consideration for the City of Wichita Traffic Diversion Program ONLY IF:

You have **NOT** had a **conviction** for a moving violation; amendment from a moving to a non-moving violation, or participated in a traffic diversion for a moving violation in this or any other state or municipality within the last **six months** from the date of issuance of your current citation. If you have previously participated in a traffic diversion program, you must have successfully completed the program prior to receiving your current citation.

Citations for Speeding will only be accepted for Diversion if the ticket is not more than 25 MPH over the posted speed limit.

Citations for Speeding in School or Construction Zones will only be accepted for Diversion if the ticket is not more than 15 MPH over the posted speed limit.

You have a valid driver's license; **those with a Commercial Driver's License are NOT eligible for Diversion.**

You have current liability insurance.

Your citation did not result in or arise out of an accident.

The following citations are NOT ELIGIBLE for diversion: Hit and Run, Failure to Report an Accident, Failure to Yield to Emergency Equipment, Evade/Elude Police, Exhibition of Speed and Reckless Driving.

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, which you **MUST** attend or sign the diversion contract prior to the hearing date. Failure to attend the court hearing or sign the diversion contract will result in the denial of your application for diversion and the issuance of a bench warrant for your arrest.

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

1. PAY ALL COSTS, FINES AND FEES at the time the agreement is signed.

Fine: Traffic Infractions or Speeding up to 15 MPH
\$75.00

Fine: Construction/School zones up to 15mph, \$125.00
Run Red Light, Speeding 16-25mph(not construction
/school zones)

Diversion Fee: \$90.50
Application Fee: \$25.00
Court Costs: \$81.50

**Traffic Infraction (excluding Run Red Light and Speeding in excess of 16 mph)
Total Cost: \$272.00**

**Construction/School zones (no more than 15mph), Run Red Light, Speeding 16mph –
25mph.**

**Total Cost: \$322.00 – required to participate in a driver awareness class and show proof of
completion within 90 days of signing the diversion agreement.**

You will be responsible for all additional court costs incurred during the course of your case.

2. Agree to waive your constitutional rights to a speedy trial on the charge 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. Obey all laws of the United States and any other state or municipality.
5. Receive no moving violations for six months.

Application forms for Diversion are available in the Municipal Court Clerk's Office – 2nd floor, City Hall, 455 N Main. You can also download the application from the City of Wichita website at www.wichita.gov. The application **MUST** be filed with the Clerk's Office within **thirty (30)** days from the date of the citation. When your application is filed, you will be given a court hearing date, which you **MUST** attend. **Failure to attend the court hearing will result in the denial of your application for Diversion and the issuance of a bench warrant for your arrest.**

If you successfully complete the Diversion, the charges against you will be dismissed after six months.

If you fail to complete the requirements of the diversion program, a Motion to Terminate will be filed, mailed to the address on your Diversion application, and a court date set. At the court hearing, you may consent to the termination or have your case proceed to trial on the original traffic charge 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. The traffic charge will then show as a conviction on your driving record. You **MUST** pay all fines and costs on the day you sign the Diversion Agreement - **NO EXCEPTIONS.**

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

APPLICATION FOR TRAFFIC TICKET DIVERSION

Docket Number: _____ Attorney: _____

Court Date: _____ Attorney Address: _____

Attorney Email Address: _____
Attorney Phone #: _____

ALL ANSWERS MUST BE COMPLETE. TYPE OR PRINT CLEARLY.

1. FULL NAME: _____ TELEPHONE _____
ADDRESS: _____
(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/DIVERSIONS (Within Last 5 years)

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

9. DATE OF CURRENT CITATION: _____

Current Citation Number: _____

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

11. 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

12. 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 SIGNATURE