

**Traffic Pretrial Diversion Application  
Kingman City Attorney**

**All responses must be complete and all questions must be answered.** After completing this application, please return it to City Attorney, P.O. Box 491, Kingman, Kansas, 67068, along with a \$10.00 non-refundable application fee. **Make your check/money order payable to the Kingman Municipal Court.**

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Maiden name or other names used: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

At the time of this incident, were you a Commercial Driver's License (CDL) holder?    YES    NO

Charge(s) to be diverted: \_\_\_\_\_

**Prior Traffic Record:** List ALL juvenile and adult traffic convictions, DUI/DWI arrests, diversions, deferred prosecutions, and expungements in Kansas or any other state, including those not resulting in formal charges or convictions. (Attach pages, if needed.)

<i>Date of Offense</i>	<i>Offense</i>	<i>Court of Prosecution</i>	<i>Disposition of Case</i>

**Prior Criminal Offense Record:** List ALL juvenile and adult arrests, convictions, citations, prosecutions, expungements, diversions, and deferred prosecutions in Kansas or any other state, including those not resulting in formal charges or convictions. (Attach pages, if needed.)

<i>Date of Offense</i>	<i>Offense</i>	<i>Court of Prosecution</i>	<i>Disposition of Case</i>

I declare under penalty of perjury under the laws of the State of Kansas that I have personally read, or have had read to me, the above application for diversion and responses thereto and that all information contained in the foregoing application is true and correct. I also understand that if any of this information is not true or correct, this may be a basis for denial of diversion or revocation of diversion. I further understand that the final decision to continue criminal proceedings or to defer prosecution in my case rests entirely with the City Attorney. I authorize the City Attorney's office to conduct an investigation to determine my suitability for this program, including but not limited to, obtaining criminal and driver's license histories from applicable computer databases. I further understand that the application fee is non-refundable regardless of whether I am accepted or denied admission into the diversion program.

Executed on: \_\_\_\_\_ Signed: \_\_\_\_\_