

**OFFICE OF THE DISTRICT ATTORNEY  
10<sup>TH</sup> JUDICIAL DISTRICT**

**Application for Traffic Diversion Program**

(Please Print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Citation Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

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**Traffic Related Offenses:** Have you been convicted of felony DUI, vehicular homicide, fleeing or eluding or a DUI related involuntary manslaughter within the last five (5) years?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I hereby apply as a participant in the Traffic Diversion Program, waive speedy trial and ask for a continuance of the trial for at least seven (7) months and/or until after the completion of the diversion period, with the delay to be charged to me. I agree that failure to respond to the information sought or the giving of false or incorrect information in the application is grounds to deny me diversion or remove me from the program. I admit I committed the traffic offense(s) alleged in the Uniform Notice to Appear and Complaint.

**I declare (or verify, certify or state) under penalty of perjury that the information in the application is true and correct.**

Completed and signed on \_\_\_\_\_  
(Date) (Signature of Applicant)

**WARNING:** If you have not received formal notice from the District Attorney's Office that your traffic diversion application has been approved, you must appear at the date and time indicated on your citation. Failure to do so **will** result in a **suspension of your license** and/or a **bench warrant being issued for your arrest.**