

**MARION COUNTY ATTORNEY'S OFFICE
202 S. THIRD ST, SUITE A
MARION, KANSAS 66861
PHONE (620) 382-2243**

Traffic Diversion

The Marion County Attorney's Office offers a diversion program for traffic offenses. Traffic Diversion is typically a six (6) month program for MOST traffic violations. The costs consist of payment of the court costs and a diversion fee of \$125. Costs must be paid before the filing of the Diversion Agreement. If diversion is granted, you will not have to appear again in court, unless you violate the terms of your diversion. During that time period, you cannot receive any further violations or you risk a revocation of your diversion. If the conditions of diversion are satisfied, the County Attorney will seek a dismissal of the ticket(s) at the end of the six (6) month time period.

Considerations:

- ❖ Speed must be 20 M.P.H. or less over the posted speed limit.
- ❖ Defendant must have no more than two (2) moving violations in the eighteen (18) months preceding the present violation.
- ❖ **You must apply for Diversion by the compliance date stated on your ticket.**

The County Attorney will consider the following circumstances with disfavor; and will enter into a diversion agreement in lieu of further criminal proceedings only if there are substantial mitigating circumstances shown:

- ❖ Speed was more than 20 M.P.H. over the posted speed limit

The County Attorney's Office reserves the right to modify the eligibility requirements and terms in the diversion agreement on a case by case basis.

If you wish to be considered for diversion, please fill out the attached application and return to the Marion County Attorney's Office with a \$45.00 Application Fee. **DO NOT PAY YOUR TICKET ONLINE IF YOU ARE WANTING TO APPLY FOR DIVERSION.** You will be contacted by the County Attorney's Office if you qualify. If you wish not to proceed with Diversion, you will need to reappear in Court on the date given in Court or have your ticket paid by that date.

Traffic Diversion Application

Please Note: The Application will not be processed until the \$45.00 Application Fee is paid.

Name: _____ DOB: _____

Gender: _____ Telephone Number: _____

Driver's License No.: _____ State: _____

Do you have a C.D.L.? _____ Yes _____ No

Address: _____

Zip Code: _____ State: _____

Email Address: _____

Citation Given by: _____ Sheriff's Dept. _____ Highway Patrol

Date: _____ Miles Per Hour: _____ Speed Zone: _____

Citation if not for Speed: _____

*Attorney: _____ Telephone Number: _____

Address: _____

**You do NOT have to have an Attorney to receive diversion.*

Court Date: _____ Case #: _____

Have you received a diversion from our office before? _____ Yes _____ No

When & For What: _____

Signature of Defendant Date

❖ **PLEASE ATTACH A COPY OF YOUR TICKET**

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FOR OFFICE USE ONLY

Application Fee: _____ Date Received: _____ Case No: _____

Authorizations

I hereby apply for status as a participant in the Diversion Program and request that the Marion County Attorney temporarily delay trial against me in order to permit consideration of this application. I understand it is my responsibility to submit a diversion application in a prompt and timely fashion, and within the guidelines set by the County Attorney, to provide the necessary time for my diversion application to receive a full and complete review by the County Attorney's Office. I understand that the final decision to continue criminal proceedings or to defer prosecution in my case rests entirely with the County Attorney. I have had the opportunity to consult with legal counsel.

I authorize the County Attorney's Office to conduct an investigation to determine my suitability for this program. A false answer or omission of any question in this application shall be grounds for recommendation against placement into this program or removal after placement in the program, in which case, the County Attorney will resume prosecution on the original charges.

I understand and agree that in the event that it is learned I have falsified or omitted any part of the application for Diversion, including but not limited to, my listing of prior traffic and criminal offenses, it shall be considered a violation of my Diversion Agreement and I may be taken off Diversion. I agree that a criminal justice report, including but not limited to, a Department of Justice report, KBI report, Police Department or Sheriff's Department report, and/or Department of Revenue report, may be admitted as evidence in any court, without foundation, to prove prior traffic or criminal offenses. I understand that failure to respond to any question will render the application incomplete and the County Attorney's Office will not consider the application.

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 attached application for Diversion and responses thereto and that all information contained in the foregoing application for Diversion is true and correct.

Dated: _____ Applicant's Signature: _____

I authorize the County Attorney's Office to conduct a background check of my past employment record and I authorize my present and previous employers to furnish the County Attorney's Office with any information they request. I further authorize the County Attorney's Office to contact my liability insurance carrier and authorize them to release information.

Dated: _____ Applicant's Signature: _____

I authorize the County Attorney's Office to release all records, including by not limited to, criminal history information and investigation reports to any evaluation agency which may participate in evaluating me in the application process.

Dated: _____ Applicant's Signature: _____