

**APPLICATION FOR ORLEANS COUNTY TRAFFIC
DIVERSION PROGRAM**

PLEASE PRINT

Last Name _____ First Name _____ Middle Initial _____

Current Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Date of Birth _____

Driver's License Number _____ State _____

Insurance Company Name _____

Policy Number _____ Expiration Date _____

Charge(s): (please attach copies of all tickets, NOT ORIGINALS) _____

Court (Township where ticket was issued) _____

Traffic Related Offenses:

(1) Have you been convicted of a Driving Under the Influence Offense, Vehicular Homicide, or Involuntary Manslaughter within the last 10 years?

Yes _____ No _____

(2) Have you been convicted of any traffic related offense within the last 18 months?

Yes _____ No _____ If yes, describe: _____

(3) Have you participated in any Traffic Diversion Program within the last 18 months?

Yes _____ No _____

I hereby apply as a participant in the Orleans County Traffic Diversion Program, waive speedy trial and ask for an adjournment of the case for at least 2 months and/or until I complete the Diversion Program. 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.

It is a crime, punishable as a Class A Misdemeanor under the Laws of New York, for a person, in and by a written instrument, to knowingly make a false statement, or to make a statement, which such person does not believe to be true.

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 Simplified Traffic Information. Failure to do so will result in a suspension of your license and/or a bench warrant being issued for your arrest. You will lose the \$200.00.**

AFFIRMED UNDER PENALTY OF PERJURY.

Completed and signed on _____
(date) (Signature of applicant)