

## **Stanton County - Application For Diversion/Reduction**

The undersigned hereby applies for diversion and submits the following information in support thereof:

FULL NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

(Address, City, State, Zip)

MAILING ADDRESS: \_\_\_\_\_

(Address, City, State, Zip)

TELEPHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVERS LICENSE NO: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF EMPLOYMENT AND ADDRESS: \_\_\_\_\_

DATE OF FIRST COURT APPEARANCE: \_\_\_\_\_

DATE OF OFFENSE & OFFENSE CHARGED: \_\_\_\_\_

(Speeding Charges: Please state what speed that you were traveling in what posted speed.)

1. WERE YOU THE HOLDER OF A COMMERCIAL DRIVER'S LICENSE (CDL) AT THE TIME OF THE OFFENSE? (PLEASE CIRCLE THE CORRECT ANSWER)

YES NO

2. WERE YOU IN YOUR PERSONAL VEHICLE OR COMMERCIAL VEHICLE AT THE TIME OF THE STOP? (PLEASE CIRCLE THE CORRECT ANSWER)

YES NO

**LIST ANY AND ALL PRIOR OFFENSES (TRAFFIC AND/OR CRIMINAL CHARGES) INCLUDING DIVERSIONS & REDUCTIONS GRANTED, HOWEVER, NOT INCLUDING THOSE FOR THIS APPLICATION**

(IF YOU DO NOT HAVE ENOUGH ROOM PLEASE USE THE BACK OF THE APPLICATION)

<b>DATE</b>	<b>CHARGE</b>	<b>COURT</b>
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_____	_____	_____
_____	_____	_____

I swear under the penalties of perjury that all of the above information is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**Please complete all information.**  
**Information not provided may cause unnecessary delays in the processing of your Application.**