

11. State the name of your vehicle insurance company, you agent's name, agent's phone # and insurance policy #.

Insurance Company _____

Policy No. _____

Agent's name _____ Phone _____

PROVIDE A COPY OF YOUR PROOF OF INSURANCE

12. PROVIDE A COPY OF YOUR DRIVER'S LICENSE

I hereby apply for status as a participant in the diversion program and request that the city attorney temporarily delay trial application. I agree that any time taken to consider this application and the rescheduling to trial, should i be denied, will be assessed against me in determining my right to a speedy trial. I understand that the final decision to commence trial proceedings or to defer prosecution in my case rests entirely with the city attorney.

I authorize the program coordinator to conduct an investigation to determine suitability for this program. I understand that any information furnished by me or authorized by me to be furnished to the program coordinator in connection with this investigation will be kept confidential.

A false answer to any question in this application may be grounds for recommendation against placement into this program or removal after placement in the program; in which case, the city attorney will resume prosecution of the original charges.

Date

Applicant

**CITY OF EASTBOROUGH
#1 DOUGLAS
WICHITA, KS. 67207
316-682-4111**