

# OTSEGO COUNTY TRAFFIC DIVERSION PROGRAM APPLICATION

## **PLEASE TYPE OR PRINT CLEARLY**

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

Date of Birth: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Driver License Number \_\_\_\_\_ State \_\_\_\_\_

I certify the following:

1. I have not participated in the Otsego County Traffic Diversion Program in the last 18 months.
2. I had a valid driver's license and automobile insurance at the time of the offense.
3. I am eligible for and meet all of the Traffic Diversion Program requirements.

By initialing \_\_\_\_\_, I hereby apply to the Otsego County Traffic Diversion Program and request a 60 day adjournment of my case to complete the diversion program.

By initialing \_\_\_\_\_, I agree that if I submit false or misleading information on this application, I forfeit the \$200.00 application fee and will be terminated from the diversion program.

By initialing \_\_\_\_\_, I agree that failure to respond to any request for information or giving false or incorrect information is grounds for the denial of my entry into the program and the forfeiture of the \$200.00 application fee.

By initialing \_\_\_\_\_, I agree that my failure to complete the diversion program within 60 days of my acceptance therein will result in my termination from the program, forfeiture of the \$200.00 application fee and will result in me having to appear in court to answer the charges as if I had never applied for the diversion program.

### **Please remember to enclose the following with your application.**

- A copy of your traffic ticket(s);
- A copy of your automobile insurance card;
- Two self-addressed, stamped envelopes;
- Check or Money Order for \$200.00 made payable to Otsego County. This is a non-refundable application fee.

### **Please submit your application to:**

Otsego County District Attorney  
c/o Traffic Diversion Program  
197 Main Street  
Cooperstown, New York 13326

It is a crime, punishable as a Class A Misdemeanor under the Laws of the State 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.

### **AFFIRMED UNDER PENALTY OF PERJURY**

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_