

# Lyon County Attorney

Amy L. Aranda  
1<sup>st</sup> Assistant County Attorney

**Marc Goodman, County Attorney**  
Lyon County Courthouse  
430 Commercial Street, Emporia, KS 66801  
Phone (620) 341-3263 Fax (620) 341-3442

Meghan K. Morgan  
Laura L. Miser  
Carissa Brinker  
Assistant County Attorneys

---

## **NOTICE**

This is to advise you that you may be eligible to participate in the Lyon County Diversion Program for the ticket that you have received. Participation in this program is a privilege, not a right, and the final decision to accept you into the program rests solely with the Lyon County Attorney or a designated representative. To be considered for participation in the program, you must submit an application immediately so that the process may be started and completed in a timely manner. The process may take 2-3 weeks.

A driving record may be requested to help determine whether or not acceptance into the program will be granted. If you qualify for the Diversion, you will be sent a Diversion Agreement ordering you to follow all terms and conditions, pay all fines and fees associated with the Agreement in which you cannot receive another ticket for a period of six (6) months. If you receive another ticket or violate the law, a revocation of the Diversion will be ordered, therefore, a stipulation and conviction on the original charges will be sought.

Costs incurred for the privilege of a Diversion usually range from \$100.00+, in addition to the regular fine and court costs. However, final amounts are at the discretion of the County Attorney. The following is an approximate amount for the Diversion Fee:

Speeding Tickets – (Cost of ticket plus Diversion Fee)

1-15 mph over: \$100.00

16-20 mph over: \$200.00

21+ mph over: \$300.00+

Other Traffic Infractions – (Cost of ticket plus Diversion Fee)

\$100.00-\$300.00 depending on the charge

**YOUR APPLICATION WILL NOT BE ACCEPTED IF NOT COMPLETELY FILLED OUT.** After you have filled out the application, you may either mail or fax it back to my office using the information in the above letterhead. **DO NOT PAY YOUR TICKET OR SEND ANY MONEY AT THIS TIME – YOU MUST WAIT UNTIL YOU RECEIVE A LETTER INDICATING WHETHER OR NOT YOU HAVE BEEN APPROVED.** Please allow at least two weeks for processing. If there are any questions regarding the Diversion Program, please feel free to contact Jamie Nordmeyer, Lyon County Diversion Officer at 620-341-3309. **If you need to request a continuance from your original court date, you will need to notify the Lyon County District Court at 620-341-3284.**

**APPLICATION FOR ADULT PRE TRIAL DIVERSION**

TODAY'S DATE: \_\_\_\_\_ TICKET NUMBER: \_\_\_\_\_  
DATE TICKET IS DUE: \_\_\_\_\_

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_  
FULL ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  HOME  CELL  
LENGTH OF RESIDENCE IN UNITED STATES: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_  
DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE (CDL)  YES  NO  
IF YES, CDL # \_\_\_\_\_

**PREVIOUS CRIMINAL/TRAFFIC RECORD**  
**IF YOU HAVE NEVER BEEN CHARGED WITH ANYTHING, STATE NONE**  
**DO NOT LEAVE THIS PART BLANK**

*Please state ALL TRAFFIC/CRIMINAL offenses, within the last 3 years, for which you have been arrested or charged at any time and in any jurisdiction with. You must include prior Diversions in this section also.*

<b><u>OFFENSE</u></b>	<b><u>WHEN</u></b>	<b><u>WHERE</u></b>	<b><u>GUILTY/NOT GUILTY/DIVERSION</u></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ATTORNEY INFORMATION (IF APPLICABLE)**

DEFENDANT'S ATTORNEY: \_\_\_\_\_  
ATTORNEY'S ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

**LIST WHAT YOU ARE CURRENTLY CHARGED WITH IN**  
**LYON COUNTY DISTRICT COURT (ie Speeding; Fail to Stop, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the County Attorney's Office to release any information in the County Attorney's file pertaining to the offense(s), for which I am charged, to any Mental Health Center, the Dept. of SRS, and any investigating Law Enforcement Agencies, or any other such person or agencies for use in determining whether I am a suitable candidate for diversion. I further authorize any person, agency, or organization to release and provide, upon request, any information to the office of the County Attorney, in consideration of any application for Diversion, regarding any traffic/criminal history record checks.

A false answer to any questions in this application may 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 and/or prosecution for falsifying this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Dated