

PRE-TRIAL DIVERSION APPROVAL SHEET

Madison County Prosecutor's Office

Becky Hughes, Director

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765.641.9598

Are you currently on Diversion? If yes, please provide the cause number and Court.

Is this your first ticket in the last six (6) months? If yes, please provide the date and offense.

Do you currently have a Commercial Drivers License (CDL)? _____

If you are inquiring about diversion for a speeding offense, what was your speed and the posted speed limit? _____

** You are NOT Diversion eligible if you were issued any of the following:

SPEEDING IN SCHOOL ZONE, WORK ZONE OR SCHOOL BUS VIOLATION

** If you answer "YES" to any of the above questions, you do not qualify for our Diversion Program.

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DOB: _____ DRIVER'S LICENSE #: _____ SSN: XXX-XX-_____

COURT: _____ DATE OF OFFENSE: _____

OFFENSE: _____ INITIAL HEARING: _____

ATTORNEY (IF ANY): _____

DEPUTY PROSECUTING ATTORNEY: ROSEMARY KHOURY

Additional Information: If accepted, Defendant will be on Diversion program for a period of six (6) months. You are expected to pay \$180.50 towards Diversion fees and Court costs. If Defendant keeps his/her record clean for six (6) months, then his/her case will be dismissed.