



## INFRACTION DEFERRAL PROGRAM

It has come to our attention that you recently received a traffic ticket. You may be eligible to participate in the Elkhart County Prosecuting Attorney's Infraction Deferral Program. By completing and returning the attached paperwork, the Prosecutor's Office will review your paperwork and driving record to determine if you qualify for the Infraction Deferral Program. If you participate in the Program and abide by the Program requirements, your ticket(s) will be dismissed. **Dismissing your ticket(s) means your offense will not be submitted to the Bureau of Motor Vehicles and additional points will not be assessed to your driver's license. Your auto insurance rates may not increase as a result of this ticket.** If you wish to participate in the Infraction Deferral Program, **do not pay your ticket(s) at this time.** Fill out the paperwork and submit it to our Office. If you receive notification from our Office that you have been accepted into the Program before your scheduled court date, you will not need to appear in court. However, if you do not receive notification that you are accepted into the program or receive notice that you have not been accepted into the Program you **must** appear at your next court date.

To qualify and participate in the Infraction Deferral Program you must not have received more than five traffic tickets in the last five years. **\*\*\*CDL holders are not eligible for the Infraction Deferral Program.\*\*\* ALSO, you cannot participate in a Diversion or Deferral Program in any other county or state.** The fee for participating in the Program is \$249.50 for moving violations and \$89.50 for non-moving violations. If you are accepted into the Program, the fee will be due approximately eight (8) weeks after acceptance. **Do not send any fees until you are accepted into the Program.** While you are participating in the Program, you will be required to maintain a clean driving record for a period of twelve (12) months for moving violations or three (3) months for non-moving violations. In some cases, defensive driving courses, proof of a valid driver's license, and / or proof of auto insurance may be required. **Acceptance into the Program is final. You may not withdraw from the Program once you have been accepted.**

### IF YOU WISH TO APPLY FOR THE DEFERRAL PROGRAM

1. Complete and sign the "Intake Form."
2. Sign and initial the second page of the "Deferral Agreement."
3. Enclose a copy of your ticket with your paperwork.
4. **If you are an out-of-state driver, submit a copy of your current driving record.** In most States this is available through the Secretary of State's Office or on-line.
5. **RETURN YOUR PAPERWORK BEFORE YOUR SCHEDULED COURT DATE.**

**MAIL, DELIVER, or FAX PAPERWORK TO:** Infraction Deferral Program, Elkhart County Prosecutor's Office, 301 South Main Street, Suite 100, Elkhart, IN 46516 (Fax 574-296-1889)

**IF ACCEPTED:** You will be provided with a final copy of the agreement and payment slip. You will be required to maintain a clean driving record and satisfy the terms outlined in your Deferral Agreement. **Please read your IDP Agreement.**

**IF REJECTED:** You must attend your court date or you may contact the Clerk's Office to pay your ticket. If you do not know your court date, contact the Clerk's Office.

You may call the IDP Coordinator at 574-296-1836 (Goshen City Court, Nappanee City Court, Superior Ct. 4) or 574-296-1837 (Elkhart City Court).

OFFICE OF THE PROSECUTING ATTORNEY

ELKHART COUNTY, INDIANA

**INFRACTION DEFERRAL INTAKE FORM**

**\*\*\*\*\*PLEASE PRINT CLEARLY AND LEGIBLY\*\*\*\*\***

DATE \_\_\_\_\_

LAST, FIRST, MIDDLE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

DOB \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ LICENSE TYPE \_\_\_\_\_

DRIVER'S LICENSE# \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_

**PLEASE CIRCLE THE CORRECT ANSWER TO THE FOLLOWING QUESTIONS**

With the exception of your current ticket(s), have you received a traffic ticket or ordinance violation in the last 12 months? ..... Yes or No  
Are you currently participating in a Deferral or Diversion Program?..... Yes or No  
Is your license currently a Learner's permit or on Probationary Status?..... Yes or No  
Is your license currently suspended?..... Yes or No  
Was an accident involved with this ticket?..... Yes or No  
Did you have automobile insurance when issued this ticket?..... Yes or No  
Have you ever been arrested for a criminal offense, do you have and pending criminal charges or have you ever been convicted of any criminal offense?.... Yes or No  
\*\*\*IF YES, LIST CRIMINAL OFFENSE AND DATE.

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

**OUT OF STATE DRIVERS**

**\*\*\*IF YOU DO NOT HAVE AN INDIANA DRIVER'S LICENSE YOU MUST PROVIDE US WITH A COPY OF YOUR CURRENT STATE DRIVING RECORD WITH THIS FORM!\*\*\***

**I AFFIRM UNDER THE PENALTY OF PERJURY AS SPECIFIED IN INDIANA CODE 35-44-2-1, THAT THE FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT.**

\_\_\_\_\_  
Signature

**OFFICE USE ONLY:**

**CHARGE#1** \_\_\_\_\_

CAUSE NUMBER \_\_\_\_\_ TICKET# \_\_\_\_\_

**CHARGE#2** \_\_\_\_\_

CAUSE NUMBER \_\_\_\_\_ TICKET # \_\_\_\_\_

**CHARGE#3** \_\_\_\_\_

CAUSE NUMBER \_\_\_\_\_ TICKET # \_\_\_\_\_

OFFICER NAME \_\_\_\_\_ OFFICER ID \_\_\_\_\_

LE AGENCY \_\_\_\_\_ TICKET DATE \_\_\_\_\_

LOCATION OF TICKET \_\_\_\_\_

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TOTAL FEES \_\_\_\_\_ PAY DATE \_\_\_\_\_

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ REVIEW DATE \_\_\_\_\_

DEFENSIVE DRIVING \_\_\_\_\_ DD DATE \_\_\_\_\_

PROOF OF VALID DL \_\_\_\_\_ VALID DATE \_\_\_\_\_

PROOF OF INSURANCE \_\_\_\_\_ INSURANCE DATE \_\_\_\_\_

OTHER/ATTY \_\_\_\_\_

BMV CHECK \_\_\_\_\_ JTS CHECK \_\_\_\_\_

DENY/APPROVE BY \_\_\_\_\_ DATE \_\_\_\_\_

NOTES:

STATE OF INDIANA            )                    IN THE \_\_\_\_\_ COURT  
   ) SS:  
 COUNTY OF ELKHART        )                    CAUSE NO. \_\_\_\_\_  
  
 STATE OF INDIANA         )  
   )  
 vs.                                )  
   )  
 \_\_\_\_\_ )

**INFRACTION DEFERRAL AGREEMENT**

Comes now the State of Indiana by Deputy Prosecuting Attorney for the 34<sup>th</sup> Judicial Circuit, and his agent for the Infraction Deferral Program, and the Defendant, to enter into the following Agreement pursuant to Indiana Code 34-28-5-1.

I. The State of Indiana hereby agrees to withhold prosecution of the charges in this cause and to dismiss said charges at the end of \_\_\_\_\_ months if, and only if, the Defendant complies with each and every term of this Agreement.

II. The Defendant agrees to:

A. Pay user’s fee and Court costs of \$\_\_\_\_\_, by certified check or money order payable to the \_\_\_\_\_ Clerk. **DO NOT SEND PAYMENT TO THE PROSECUTOR’S OFFICE. PAYMENT MUST BE MADE AT THE CLERK’S OFFICE.** Clerk’s Office will accept cash if paid in person.

B. Defendant agrees that he/she will not commit any traffic offenses, ordinance violations, and driver’s license suspensions, or filing of any criminal offenses during the \_\_\_\_\_ month period of this agreement.

C. Defendant further agrees that upon initial review of driving record he/she may be required to participate in the any of the following:

\_\_\_\_\_ Complete a Defensive Driving Course and provide verification to the IDP Coordinator by \_\_\_\_\_.

\_\_\_\_\_ Provide IDP Coordinator with proof of a valid driver’s license or automobile registration/plates by \_\_\_\_\_.

\_\_\_\_\_ Provide IDP Coordinator with proof of current auto insurance throughout the entire Infraction Deferral Agreement period by providing copies of updated insurance cards.

\_\_\_\_\_To undergo available medical treatment or counseling evaluation and follow-up for Substance Abuse by \_\_\_\_\_, and provide proof of treatment or evaluation to the Infraction Deferral Program Coordinator by the date stated above.

- D. Defendant agrees that he/she will promptly notify (within 7 days) the Deferral Program Coordinator of any change in name, address, or telephone number. This must be done in writing and mailed to 301 South Main Street, Elkhart, IN 46516.
- E. Defendant agrees that he/she will immediately notify (within 48 hours) the Deferral Program Coordinator of any subsequent traffic or ordinance violations/citations, or further criminal charges in writing to 301 South Main, Elkhart, Indiana, 46516.
- F. The Defendant agrees that the information provided on his/her application is accurate.
- G. The Defendant states that he/she is not participating in any other Pre-Trial Services or Deferral Program in any other State or County.

Defendant acknowledges that by signing this agreement he/she is admitting to the violation alleged as charged, and knowingly and voluntarily waives the right to a trial, and the right to an appeal.

Defendant specifically acknowledges that failure to comply with any section of this agreement shall result in a final judgment against the defendant. This judgment shall be for the full amount of the deferral fees, as well as fines and costs as determined by the Court applicable to the violation. No exceptions.

Defendant admits to the violation charged in this cause. \_\_\_\_\_(initial please)

**I have read and understand all of the provisions of this agreement and I accept them as binding upon me and enter into this agreement knowingly and voluntarily.**

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18)

\_\_\_\_\_, Infraction Deferral Agent

\_\_\_\_\_, Deputy Prosecuting Attorney,  
34<sup>th</sup> Judicial Circuit