



## **INFRACTION DEFERRAL PROGRAM**

It has come to our attention you recently received a traffic ticket. You may be eligible to participate in the Elkhart County Prosecuting Attorney's Infraction Deferral Program. Complete and return the attached paperwork **BEFORE YOUR SCHEDULED COURT DATE** and the Prosecuting Attorney's Office will review your paperwork and driving record to determine if you qualify for the Infraction Deferral Program.

\*\*\* **CDL holders are not eligible.** \*\*\*

### **BENEFITS**

1. Successful completion of the program will dismiss your ticket(s). Which means **your offense will not be submitted to the Bureau of Motor Vehicles and no additional points for these ticket(s) will be assessed to your driver's license.**
2. **You may avoid increased auto insurance rates as a result of this ticket.**

### **REQUIREMENTS**

1. No more than five traffic tickets in the last five years.
2. No misdemeanor convictions in the past year, no felony convictions in the past (5) years and no pending criminal charges.
3. **You cannot currently be participating in a Pre-Trial or Deferral Program in any other county or state.**
4. Maintain a clean driving record for a period of twelve (12) months for moving violations or three (3) months for non-moving violations while on the program.
5. Complete additional requirements as assigned by the program coordinator. In some cases, defensive driving courses, community service, proof of a valid driver's license, registration, and / or auto insurance may be required.
6. Pay **\$252.50** for moving violations/ **\$92.50** for non-moving violations within eight (8) weeks after acceptance. **Do not send any fees or pay for your ticket until you are accepted into the program.**

### **HOW TO APPLY**

1. **Do not pay for your ticket(s) at this time.**
2. Complete and sign the "Intake Form."
3. Sign and date the second page of the "Deferral Agreement."
4. Enclose a copy of your ticket with your paperwork.
5. **Out-of-state drivers must submit a copy of your current five (5) year driving record.** In most states this is available through the Secretary of State's Office or Department of Motor Vehicles. No third-party records accepted.
6. **Mail, deliver, or fax completed paperwork to: Infraction Deferral Program, Elkhart County Prosecuting Attorney's Office, 301 South Main Street, Suite 100, Elkhart, IN 46516 (Fax 574-296-1889)**
7. **Acceptance Into The Program Is Final. You May Not Withdraw From The Program Once You Have Been Accepted.**

**IF ACCEPTED:** You will be provided with a final copy of the agreement and payment slip. **Please read your IDP Agreement.** You will be required to maintain a clean driving record and satisfy the terms outlined in your Deferral Agreement. **If you receive notification you have been accepted before your scheduled court date, you do not need to appear in court.**

**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 Court Clerk's Office.

\*You may call the IDP Coordinator at 574-296-1836 (Goshen City Court, Nappanee City Court, Superior Ct. 4) or 574-295-2816 (Elkhart City Court). **Please keep this form for your records.\***

OFFICE OF THE PROSECUTING ATTORNEY  
ELKHART COUNTY, INDIANA  
**INFRACTION DEFERRAL INTAKE FORM**  
\*\*\*\*\*PRINT CLEARLY AND LEGIBLY\*\*\*\*\*

NAME (First,Middle,Last)\_\_\_\_\_

ADDRESS\_\_\_\_\_

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

HOME PHONE\_\_\_\_\_ CELL PHONE\_\_\_\_\_

EMPLOYER\_\_\_\_\_

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

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

E-MAIL ADDRESS\_\_\_\_\_

**CIRCLE THE CORRECT ANSWER TO ALL OF THE FOLLOWING QUESTIONS**

With the exception of your current ticket, have you received a traffic ticket or violation in the last 12 months? ..... Yes or No  
Are you currently participating on a Pre-Trial or Deferral Program?..... Yes or No  
Are you currently on Probation or Parole?..... Yes or No  
Is your license currently on a Learner's permit or 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  
Do you have pending or ever been **arrested** or **convicted** of a criminal offense? ( list all below) ..... Yes or No  
\*\*\*IF YES, LIST VIOLATION/CRIMINAL OFFENSE, LOCATION AND DATE.

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

**OUT OF STATE DRIVERS**

\*\*\* YOU MUST PROVIDE A COPY OF YOUR 5 YEAR DRIVING RECORD WITH THIS FORM, IF YOU DO NOT HAVE AN INDIANA DRIVER'S LICENSE!\*\*\*

**I AFFIRM UNDER THE PENALTY OF PERJURY AS SPECIFIED IN INDIANA CODE 35-44.1-2-1, THAT THE FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY:**

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

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

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

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

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

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

COURT \_\_\_\_\_ INITIAL COURT DATE \_\_\_\_\_

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

CONTINUANCE DATE \_\_\_\_\_

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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 3 / 12 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 \$92.50 / 252.50, by certified check or money order payable to the \_\_\_\_\_ Court 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 or ordinance violations, or engage in any conduct which results in a driver's license suspensions or the filing of any criminal offenses during the 3 / 12 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 Infraction Deferral Program Coordinator by \_\_\_\_\_.

\_\_\_\_\_ Provide Infraction Deferral Program Coordinator with proof of a valid driver's license or automobile registration/plates by \_\_\_\_\_.

\_\_\_\_\_ Provide Infraction Deferral Coordinator with proof of completion of \_\_\_\_\_ Hours of Community Service by \_\_\_\_\_.

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

\_\_\_\_\_ Undergo available medical treatment or counseling evaluation and follow-up for Substance Abuse by \_\_\_\_\_, Provide proof of treatment or evaluation to the IDP Coordinator.

- D. Defendant agrees that he/she will promptly notify (within 7 days) the Infraction 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 Infraction 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 Infraction 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.

**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