

Lindsborg Municipal Court
101 S. Main • PO Box 70
Lindsborg, KS 67456
Phone: 785-227-3355
Fax: 785-227-4128



Lindsborg City Prosecutor
120 E. Lincoln • PO Box 328
Lindsborg, KS 67456
Phone: 785-227-3632
Fax: 785-227-4341

Application for Traffic Diversion -- Lindsborg Municipal Court

Date of Citation _____ Court Date (bottom of citation) _____ Citation No. _____

Last Name First Name Middle

Street Address City State Zip Code Email

Phone cell phone Social Security Number Date of Birth

Driver's License Number State of Issuance CDL: Yes or No

I wish to participate in the Traffic Diversion Program. With this application is a \$30.00 nonrefundable diversion fee. I authorize the City to run my driving record if I have a KS Driver's License. If I have a license from another state I must provide a copy of that driving record with this application. (The City cannot access out-of-state driving records).

If approved, I understand I must pay the court costs and fine by the date in my approval notice. This can be paid by phone, mail or in person at the City Offices at 101 S. Main St., Lindsborg, KS.

If denied, a hearing will be scheduled by the Court and notice sent to me at the address above.

I've read the Policy for Traffic Diversion attached to this diversion application and understand a Diversion Agreement must be approved in signing by you, the City Prosecutor and the Judge.

I've enclosed a \$30.00 diversion fee

If my DL is from another state, I've included my driving record.

The address above is different from the address on the citation.

Defendant's Signature

Date Signed

Make check payable to: City of Lindsborg

Please return application and \$30 diversion fee to the Lindsborg City Prosecutor by mail at P.O. Box 328, Lindsborg, KS 67456, or in person at 120 E. Lincoln, Lindsborg, KS.