

WABASH COUNTY PROSECUTOR'S OFFICE

93 W. Hill Street, Wabash, IN 46992

Telephone: (260) 563-3982

INFRACTION DEFERRAL PROGRAM APPLICATION FORM

*****PRINT CLEARLY AND LEGIBLY*****

1. Driver's Information:

NAME: _____

MAILING ADDRESS: _____

CONTACT TELEPHONE NUMBER: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____ STATE OF ISSUE: _____

DRIVER'S LICENSE TYPE: _____ EXPIRATION DATE: _____

*****IF YOU HAVE AN OUT-OF-STATE LICENSE, YOU MUST INCLUDE A COPY OF YOUR DRIVING RECORD*****

2. Ticket Information:

TICKET NUMBER OR COURT CAUSE NUMBER: _____

INITIAL HEARING OR COURT APPEARANCE DATE PRINTED ON YOUR TICKET: _____

3. Please mark the applicable answer to each of the following questions:

Have you received another traffic ticket or violation in the last 12 months?..... Yes or No

Are you currently participating in a Deferral Program in any county?..... Yes or No

Do you have a Commercial Driver's License (CDL)?..... 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 any pending infractions or criminal offenses?..... Yes or No

If "Yes," what charges and in what county? _____

4. Please carefully review the information you have provided, print and sign this form, and return it to the Wabash County Prosecutor's Office by mail or email (epoole@wabashprosatty.org).

"I swear or affirm, under the penalty for Perjury as specified by I.C. 35-44.1-2-1, that the foregoing information is true and accurate to the best of my knowledge and belief."

Signature of Applicant

Date