

APPLICATION FOR AGGRAVATED UNLICENSED/UNINSURED OPERATOR PROGRAM (AUO PROGRAM)

Please fill out form then print initials and sign in designated places

Driver's License Number: _____ Driver's License State: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____ Date of Birth: _____

Email Address: _____

Telephone # : _____

Insurance Co. Name: _____ Policy #: _____ Expiration Date: _____

Charges: _____
(Please attach copy all tickets)

VTL Section(s): _____

Court: _____

To be eligible to enter the traffic diversion program I must meet the following requirements:

1. I have not previously completed the Wyoming County Traffic Diversion Program within the 12 months before this application.
2. I have not had any Vehicle and Traffic Law convictions (i.e. Point Violations) within the last 12 months in any court.
3. If currently charged with a speeding offense, it was for driving 30 miles per hour, *or less* over the posted speed limit.
4. There was no motor vehicle accident involving someone other than me.
5. I have answered and pled not guilty to the ticket prior to the return date listed on the ticket.
6. I have not missed any scheduled court appearances without prior approval from the court.
7. I have not had my license suspended for failing to answer the ticket I am seeking to have dismissed through the diversion program.
8. I have not been convicted of or plead guilty to the ticket for which I am seeking dismissal via the diversion program.
9. I have not been previously convicted of any Felony, any alcohol or drug related driving offense within the last 10 years, Reckless Driving (VTL 1212), Leaving the Scene (VTL 600-1a) in New York or any other state.
10. All the tickets in this case are Vehicle and Traffic Law, INCLUDING AT LEAST ONE CHARGE OF 511-1, 511-2 or 319-1 (e.g. not Penal Law, Environmental Conservation Law, Tax, etc.) – Transportation Law charges are subject to case by case review.
11. My violation was not committed while operating a commercial vehicle on the "East Hill" or "East Buffalo Street" in the Village of Warsaw in violation of VTL section 1110a.
12. I do not hold a CDL license.

By initialing _____, I agree that if I misrepresent any of the above facts or affirmations, I forfeit the \$250.00 or \$350.00 application fee and I will be terminated from the diversion program and the tickets will still be pending.

By initialing _____, I hereby apply to the Wyoming County AUO Program. In doing so, I request a 90-day adjournment to attend a Defensive Driving Course, get a valid driver's license and complete the diversion program. I understand that my acceptance into the program is based on my meeting all of the conditions above. I am waiving all Speedy Trial Rights.

By initialing _____, I agree that failure to respond to any information or giving false or incorrect information in the application is grounds to deny entry into the program, forfeiture of the \$250.00 or \$350.00 application fee, and removal from the program.

By initialing _____, I agree that failure to complete the program within 90 days will result in termination from the program, forfeiture of the \$250.00 or \$350.00 application fee and it will result in me having to appear in court to answer the ticket as if though I never applied for the program.

By initialing _____, I understand that if I fail to complete a course within 90 days of the acceptance letter I will forfeit the \$250.00 or \$350.00 application fee.

By initialing _____, I agree that if I choose to complete an on-line Defensive Driving Course or an in-person DDC, I am responsible for any and all fees that may be required above and beyond the application fee for this program and I am responsible for sending in a copy of my certificate of completion to the District Attorney's Office within the 90 day period, **please be aware that your certificate will be mailed 7 to 14 business days after your completion of the course.**

By initialing _____, I agree to waive any right under VTL section 1806 to have a conference with the prosecutor.

WARNING: If you have not received formal notice from the District Attorney's Office that your Traffic Diversion application has been approved, you must appear at the date and time indicated on your Simplified Traffic Information (i.e. your ticket) or as directed by the court. Failure to do so may result in a suspension of your license and/or a bench warrant being issued for your arrest.

Please include ALL of the following with your application:

- ☐ A non-refundable, certified bank check (**not a personal check**) or money order for \$250.00 (if charged with VTL section 511-1) or \$350.00 (if charged with VTL section 511-2 or 319-1) **made payable to Wyoming County Treasurer. US Currency only. We now have the option to pay online, click on the "pay now" icon on the webpage. Please note that if you pay online you still need to submit the application and all documents listed below either via mail or email.**
- ☐ A copy of all Traffic Tickets (or Court notice in absence of ticket(s));
- ☐ A copy of your New York State Driving Abstract (even if you are not a NYS resident, it can be obtained at any DMV or online);
- ☐ Proof of valid motor vehicle insurance (if it was a car rental, you can include a copy of the car rental agreement or a copy of your personal motor vehicle insurance);
- ☐ Self-addressed, stamped envelope-unless submitting via email.

****each item listed must accompany your application****

Please mail your application to:
Wyoming County District Attorney's Office
C/O Traffic Diversion Program
147 N. Main Street
Warsaw, NY 14569

Once accepted into the Wyoming County Traffic Diversion Program the application fee is non-refundable. Please make sure all selections are accurate and monies are correct before submitting the application.

NO PERSONAL CHECKS OR CREDIT CARDS WILL BE ACCEPTED

It is a crime, punishable as a Class A Misdemeanor under the Laws of New York, for a person, in and by written instrument, to knowingly make a false statement, or to make a statement, which such person does not believe to be true.

AFFIRMED UNDER PENALTY OF PERJURY.

Completed and signed on _____
(date) (Signature of Applicant) (Print Name)

***DO NOT CALL THE DISTRICT ATTORNEY'S OFFICE IN REGARDS TO THE STATUS OF YOUR APPLICATION, YOU MAY EMAIL US AT trafficdiversion@wyomingcountyny.gov FOR AN UPDATE.