

**Oldham County Attorney
Traffic Safety Program Agreement**

Case Number: _____

First Name, Middle Initial, and Last Name: _____

Address: _____

Date of Birth: _____ DLN/SSN: _____ Contact Phone: _____

Email address: _____

Attorney's name (if applicable): _____

Attorney's phone number (if applicable): _____

* * * * *

I have read the terms below and I understand and agree as follows:

1. I must pay a **\$160.00 fee by cash, certified check or money order made payable to the Oldham County Attorney**. The payment and this Agreement must be mailed or delivered to the Office of the Oldham County Attorney, Attn: Traffic Diversion, 100 W. Jefferson St, Ste. 5 La Grange, KY, 40031, and they must be received no later than _____, 20____.
2. I agree for the Oldham County Attorney's Office to maintain a record of my participation in Traffic Safety Program. I recognize that my diverted traffic charge will be dismissed by the Oldham District Court upon successful completion of all of the requirements of the program, but I agree for purposes of record keeping, the Oldham County Attorney may keep the record solely for the purpose of not allowing me to be enrolled in a future traffic safety program.
3. I understand that if I have questions about the program, I should call the Oldham County Attorney's Office at (502) 222-7342. In addition to the above requirements, I must complete: _____

4. I understand that upon successful completion of all of the program requirements, my diverted charge(s) in this case will be dismissed. I further understand that if I fail to complete all program requirements by the dates listed in this Agreement, or if I commit any moving violations within six months from entry into this diversion, I will be expelled from the program, and I will forfeit the program fee. **By signing this agreement, I acknowledge that I am guilty of the offense(s) charged and that if I fail to complete the requirements of this agreement, final judgment will be entered against me by the Oldham District Court for the full amount of court costs and fines for the offense(s) charged.**
5. I understand that if I sign and return this Agreement and the payment by the date listed in Section One, my next court date will be changed to _____, 20____ at 9:00 a.m., in Oldham District Court. I understand that I must appear ***unless*** I have completed all of the requirements listed above.

PARTICIPANT

DATE