

# Minor Traffic Amendment Application

(Please Print Legibly)

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Last Name First Name Initial

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Street Address

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City State Zip Code

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Cell / Home Phone Work Phone

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Date of Birth Social Security Number

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Driver's License Number State of Issuance

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Defense Attorney (If any) Phone Number

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Citation Number Date Received

How many traffic citations have received in the past 2 years (whether convicted, found not guilty, still pending, dismissed, or received a diversion/amendment)? Number \_\_\_\_\_

Did you have (or do you have) a CDL endorsement on your driver's license at the time of the offense?  
YES \_\_\_\_\_ NO \_\_\_\_\_

I hereby apply to receive an amendment on my minor traffic citation. I agree that failure to respond to the information sought or the giving of false or incorrect information in the application is grounds to deny me an amendment. I admit I committed the traffic offense alleged in the Uniform Notice to Appear and Complaint.

I declare (or verify, certify or state) under penalty of perjury that the information in the application is true and correct.

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Signature Date Completed

The City Prosecutor has established a Minor Traffic Amendment policy for some traffic citations. If you are eligible this amendment will change your charge to a non-moving violation that is not reportable to the State of Kansas. Submitting the application and fees does not guarantee the amendment will be approved.

### **ELIGIBILITY**

If you do not have a speeding or any other serious traffic violation on your record in the past 12 months or more than two speeding violations or any other serious traffic violations in the past 24 months, you may be eligible for an amendment. The City Prosecutor will make the final determination for amendment based on all relevant information.

You are not eligible if you carry a CDL endorsement on your driver's license. You do not qualify if your speed exceeded 20 MPH over the speed limit.

### **PROCEDURE**

The defendant shall complete this application for Minor Traffic Amendment and submit the application plus a minimum of one half of the total balance due which includes the original citation cost, court costs and the amendment fee within 10 days of receipt of the ticket. The payment must be made in the form of cash, personal check, money order or cashier's check payable to the Rose Hill Municipal Court.

Once the application and payment have been received it will be reviewed by the City Prosecutor. You will receive notification by mail whether your amendment application has been accepted or not. If the application has been accepted you will have 30 days to pay the remaining balance. The amendment will not be completed until the final payment is received.

The amounts due will be the original fine and court costs plus the amendment fee. The amendment fee will be equal to the fine portion of your original ticket. In other words, your fine will effectively be doubled.

If you do not qualify for an amendment, you will be notified by mail. Any payments and fees that you sent in will be applied toward your citation. You will still have the same options available as you originally had when you received your citation. If the amendment process is not completed by your court date, it is your responsibility to notify the Rose Hill Municipal Court at (316) 776-3000 that you are requesting a continuance, pending the amendment application review.

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#### **For Office Use Only**

Balance Due \_\_\_\_\_ Amount Received \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

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City Prosecutor