

OFFICE OF THE FORD COUNTY ATTORNEY
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APPLICATION FOR FAST TRACK PROGRAM

Instructions: Please complete the following application in its entirety, leaving no question blank. If a question does not apply to you, please write "Not Applicable" or "N/A." Failure to complete this application in its entirety may be grounds for denial of your application. Return this completed application to the Office of the Ford County Attorney along with photocopy of your driver's license and send your original ticket.

Instrucciones: Por favor complete la aplicación, sin dejar preguntas en blanco. Si una pregunta no le aplica a usted, por favor escriba "No aplica" o "N / A". Si esta aplicación no se completa puede ser negada. Devolver esta aplicación a la oficina del Fiscal del Condado de Ford, junto con una fotocopia de su licencia de conducir y su ticket original.

Today's Date: ____/____/____

Fecha de Hoy:

Full Legal Name: _____

(Last, First, MI)

Nombre Legal Complete

Any Aliases Used: _____

Cualquier Alias Utilizados

Date of Birth: _____

Fecha de Nacimiento

Social Security Number ____ - ____ - ____

Numero de Seguro Social

Driver's License Number and State: _____

Numero de Licencia de Conducir y Estado

Current Mailing Address: _____

Direccion Postal Actual

Current Telephone Number: (____) ____ - ____

Actual Numero de Telefono

Office Use Only: Received: _____ ELIG / NOT ELIG APP / DEN

Notes: