

MARION COUNTY ATTORNEY'S OFFICE

200 S. THIRD ST, SUITE 101

MARION, KANSAS 66861

PHONE (620) 382-3504

Please Note: The Application will not be processed until the \$45.00 Application Fee is paid.

Application for Diversion Program

Personal Information

Full Name: _____ Phone Number: _____

Maiden name or other names used: _____ E-mail: _____

Social Security #: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Sex: _____

How long have you lived at this address: _____ Who do you live with? _____

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

.....
Defense Attorney Name: _____ Phone Number: _____

Address: _____

.....
Are you a United States citizen or legal alien? _____

Proof of citizenship or legal alien residency is required. Noncitizens must have entered the United States lawfully and in accordance with the requirements of the U.S. Citizenship and Immigration Services (USCIS) and provide verification of residency status, e.g. valid work permit, visa, or green card if approved for the Diversion program.

In what other cities and states have you lived? Please list below. If you need more space, use blank sheet of paper.

City	State	Dates lived there

Marital Status: _____ Spouse's Name: _____

Nearest Contact Name: _____ Relationship to Defendant: _____

Phone Number: _____ Address: _____

Number of Minor Dependents: _____ Are you the primary care giver? _____

Names

Ages

Names	Ages
_____	_____
_____	_____
_____	_____

Education

Do you have a high school diploma or GED? _____

Educational and Vocational Training (include high school or highest grade completed if not high school graduate as well as education beyond high school):

Treatment History

Have you ever attended Alcohol or Drug treatment or counseling or received an assessment for possible drug or alcohol problems? _____

If yes, state when, where, the reason for attendance or assessment and whether it was successfully completed:

Employment

Prior Military Service: _____ Branch: _____

Type of Discharge: _____ Date of Discharge: _____

Present Employment: _____ Employer: _____

Address: _____ Phone Number: _____

Dates Employed: _____ to _____ Occupation: _____

Salary: _____

Past Employment: List employment for the past six years. Begin with last employer. If you need more space, use blank sheet of paper.

Employer: _____ Phone Number: _____

Address: _____

Dates Employed: _____ to _____ Occupation: _____

Reason Left: _____

Employer: _____ Phone Number: _____

Address: _____

Dates Employed: _____ to _____ Occupation: _____

Reason Left: _____

.....

Income

Defendant's Income: \$ _____ per Month Spouse's Income: \$ _____ per Month

Public Assistance: \$ _____ per Month Other Income: \$ _____ per Month

Unemployment Compensation: \$ _____ per Month

Personal References

Name: _____

Telephone No: _____

Address: _____

Relationship to Defendant: _____

Name: _____

Telephone No: _____

Address: _____

Relationship to Defendant: _____



Offense Record

Prior Traffic Offense Record: List **all** Juvenile and Adult traffic incidents, DUI or DWI arrests, Diversions, Deferred Prosecutions, Convictions and Expungements in Kansas or other states including those not resulting in formal charges or convictions. Include date of arrest, citation or incident, arresting or ticketing agency, charge and disposition.

Prior Criminal Offense Record: List **all** Juvenile and Adult incidents, Arrests, Citations, Prosecutions, Convictions, Expungements, Diversion or Deferred Prosecution Agreements in Kansas or other states including those not resulting in formal charges or convictions. Include date of incident involved, agency, charge, and disposition.

State the circumstances which led to the offense with which you are charged: _____

Additional Information

- Have you lived in your current residence for a year or more? Yes No
- Have you worked at your current job for a year or more? Yes No
- Do you have a high school diploma or GED? Yes No
- Do you have outstanding court fines, restitution or child support? Yes No
- Do you have outstanding bills or debt? Yes No
- Do you have a valid driver's license? Yes No
- Do you have any pending court cases besides this case? Yes No
- Do you have support (monetary or emotional) from family members? Yes No
- Have you suffered prior legal consequences due to alcohol or drug use? Yes No
- Have you been diagnosed with a mental illness? Yes No
- Do you feel that you have been charged fairly in this case? Yes No
- Have you ever been convicted of a criminal offense (including juvenile)? Yes No

Any additional information you wish to provide: _____



FOR OFFICE USE ONLY

Application Fee: _____ Date Received: _____ Case No: _____

Authorizations

I hereby apply for status as a participant in the Diversion Program and request that the Marion County Attorney temporarily delay trial against me in order to permit consideration of this application. I understand it is my responsibility to submit a diversion application in a prompt and timely fashion, and within the guidelines set by the County Attorney, to provide the necessary time for my diversion application to receive a full and complete review by the County Attorney's Office. I understand that the final decision to continue criminal proceedings or to defer prosecution in my case rests entirely with the County Attorney. I have had the opportunity to consult with legal counsel.

I authorize the County Attorney's Office to conduct an investigation to determine my suitability for this program. A false answer or omission of any question in this application shall be grounds for recommendation against placement into this program or removal after placement in the program, in which case, the County Attorney will resume prosecution on the original charges.

I understand and agree that in the event that it is learned I have falsified or omitted any part of the application for Diversion, including but not limited to, my listing of prior traffic and criminal offenses, it shall be considered a violation of my Diversion Agreement and I may be taken off Diversion. I agree that a criminal justice report, including but not limited to, a Department of Justice report, KBI report, Police Department or Sheriff's Department report, and/or Department of Revenue report, may be admitted as evidence in any court, without foundation, to prove prior traffic or criminal offenses. I understand that failure to respond to any question will render the application incomplete and the County Attorney's Office will not consider the application.

I declare under penalty of perjury under the laws of the State of Kansas, that I have personally read or have had read to me the attached application for Diversion and responses thereto and that all information contained in the foregoing application for Diversion is true and correct.

Dated: _____ Applicant's Signature: _____

I authorize the County Attorney's Office to conduct a background check of my past employment record and I authorize my present and previous employers to furnish the County Attorney's Office with any information they request. I further authorize the County Attorney's Office to contact my liability insurance carrier and authorize them to release information.

Dated: _____ Applicant's Signature: _____

I authorize the County Attorney's Office to release all records, including but not limited to, criminal history information and investigation reports to any evaluation agency which may participate in evaluating me in the application process.

Dated: _____ Applicant's Signature: _____