

OFFICE OF THE DISTRICT ATTORNEY
THIRD JUDICIAL DISTRICT OF KANSAS
Chadwick J. Taylor, District Attorney

(FOR OFFICE USE ONLY)

Application Fee: _____

Date Received _____

Trial Date: _____

Case No. _____

Preliminary Hearing _____

APPLICATION FOR CRIMINAL PRETRIAL DIVERSION PROGRAM

All answers must be complete. After completing the application below please return it to the Diversion Office with the **\$90.00 non-refundable application fee**. Application fee must be in the form of a money order, cashier's check, or attorney's trust account check **payable to "District Attorney."**

NOTE: This application **must** be completed and returned, by mail, to the District Attorney's Office prior to first Preliminary Hearing date if the case is a felony, or within thirty (30) days of arraignment if the case is a misdemeanor or it will not be considered.

Name _____ Phone No. _____
(last) (first) (middle)

Maiden name or other names used _____

Address _____
(Street) (City) (State) (Zip)

Who do you live with _____
(Name) (Relationship)

How long have you lived at this address? _____

Age _____ Date of Birth _____ Race _____ Sex _____

City and State where you were born _____

In what other cities and states have you lived?

<u>City</u>	<u>State</u>	<u>Dates lived there</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Social Security Number _____

Driver's License Number _____ State of Issuance _____

Marital Status _____ Spouse's Name _____

Spouse's Employment _____ Spouse's Age _____

Number of Minor Dependents _____

Names of Minor Dependents

Ages

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Education and Vocational Training (include high school or highest grade completed if not high school graduate, as well as education beyond high school).

Name of School

Location

Dates Attended

Grade or Degree

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Military Service _____ Yes _____ No _____ Branch _____

Type of Discharge _____ Date of Discharge _____
(from active duty)

Nearest Contact

Name _____ Telephone _____

Address _____

Relation to Defendant _____

Defense Attorney

Name _____ Telephone _____

Address _____

Present Employment

Employer _____ Telephone _____

Address _____

Dates employed _____ to _____ Occupation _____

Salary \$ _____

Employment History List employment for past six years. Begin with last previous employer. If you need additional space, use blank sheet of paper.

Employer _____ Telephone _____

Address _____

Dates employed _____ to _____ Occupation _____

Reason for Leaving _____

Employer _____ Telephone _____

Address _____

Dates employed _____ to _____ Occupation _____

Reason for Leaving _____

Employer _____ Telephone _____

Address _____

Dates employed _____ to _____ Occupation _____

Reason for Leaving _____

Employer _____ Telephone _____

Address _____

Dates employed _____ to _____ Occupation _____

Reason for Leaving _____

Present Sources of Income

Defendant's Employment \$ _____ Per Month

Spouse's Employment \$ _____ Per Month

Unemployment Compensation \$ _____ Per Month

Public Assistance \$ _____ Per Month

Other \$ _____ Per Month

If other, please indicate source: Parents _____ Relatives _____ Other _____

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, Orders to Appear, Prosecutions, Convictions, Expungements 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.

Personal References (Letters of personal reference may be attached.)

Name _____ Telephone _____

Address _____

Relationship to Defendant _____

Name _____ Telephone _____

Address _____

Relationship to Defendant _____

Have you ever received or attended counseling or treatment for an alcohol, drug, emotional or psychological problem or disorder?

_____ Yes _____ No

If yes, state when, where, and the reason for attendance:

I hereby apply for status as a participant in the Diversion Program and request that the District 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 District Attorney and that it will be my responsibility to seek any continuance or waiver of the jury trial in order to provide the necessary time for my diversion application to receive a full and complete review by the District Attorney's Office. I understand if the District Attorney's Office is required to make a decision concerning my application prior to the Office having an opportunity to make a full and complete review, my application request will be denied. I understand that the final decision to commence criminal proceedings or to defer prosecution in my case rests entirely with the District Attorney.

I authorize the District Attorney's Office to conduct an investigation to determine suitability for this program. I understand that any information by me or authorized by me to be furnished to the District Attorney's Office in connection with this investigation will be kept confidential.

A false answer to 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 District Attorney will resume prosecution on the original charges.

I understand and agree that in the event 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 Agreement for Pre-Trial Diversion 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 District Attorney's Office will not consider the application.

I declare (or verify, certify or state) under penalty of perjury under the laws of the State of Kansas that I have personally read or have had read to me the above Application for Diversion and responses thereto and that all information contained in the foregoing application for the Pretrial Diversion Program is true and correct.

Executed on _____
Date *Applicant's Signature*

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

Executed on _____
Date *Applicant's Signature*

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

Executed on _____
Date *Applicant's Signature*