

ADULT DIVERSION APPLICATION

(Please fill out completely or your application will not be considered.)

PERSONAL INFORMATION:

Case No. _____

Name: _____

Date of Birth: _____

Address: _____

Phone#: _____

City/State: _____

Zip Code: _____

Social Security Number: _____

Current Driver's License Number: _____

State: _____

Marital Status: Single _____ Married _____

Sex: Male ___ Female ___

If married, Spouse's name: _____

Dependents: _____

Age: _____

Age: _____

Age: _____

Age: _____

If you live with someone other than person(s) listed above, state the names: _____

How long have you lived at your current residence listed above: _____

If you have lived in a state other than Kansas, please list all the states and previous addresses:

This crime involves a ___ family member ___ boy/girl friend ___ other ___ not applicable

Next Court Date: _____

EMPLOYMENT:

Present employer: _____ Phone: _____

Address: _____

City/State: _____ Zip code: _____

Job Title: _____ Length of Employment: _____

Salary: _____ Per _____

Previous employer _____ Phone: _____

Address: _____

City/State: _____ Zip code: _____

Job Title: _____ Length of Employment: _____

Salary: _____ Per _____

Why terminated: _____

EDUCATION:

Elementary: _____

Junior High: _____

High School _____

Date of Graduation: _____

College: _____

Highest Year/Degree Achieved: _____

MEDICAL HISTORY:

Are you presently under supervised medical care for any reason? _____

List any physical injuries which are of significance to this criminal/traffic case:

Psychological Services received, please list dates and providers:

CRIMINAL HISTORY:

Please list all offenses for which you have been arrested or charged with at any time and in any jurisdiction (including any pending criminal/traffic actions filed against you). Include offense(s) expunged, juvenile offenses adjudicated and alcohol related traffic offenses. This section applies even if the charges were dismissed or someone told you the charges would not be on your record.

MITIGATING FACTORS:

Please state any facts concerning the crime which might excuse your actions. _____

OTHER FACTORS TO CONSIDER:

Explain why you feel you could successfully complete the Diversion Program. (To be completed in the Defendant's own handwriting:

State in detail the facts which cause the charges to be filed. (To be completed in the Defendant's own handwriting).

ATTORNEY INFORMATION:

Please mark one of the following:

() I am represented by counsel. My attorney's name and information is as follows:

Name of Attorney: _____ Phone: _____

Street Address: _____

City/State: _____ Zip Code: _____

() I am not represented by counsel at this time.

Signature of Attorney (if represented by counsel)

I, solemnly swear that I have read the foregoing Diversion Application and all of the information is true and correct to the best of my knowledge. I understand that any false or incorrect information provided on this form will result in a denial of diversion or revocation of the diversion agreement, if granted.

Date: _____

SIGNATURE OF DEFENDANT

Subscribed and sworn to me this _____ day of _____, 20__.

My Appointment Expires: _____

NOTARY PUBLIC

IF YOUR SIGNATURE IS NOT NOTARIZED THE APPLICATION WILL BE RETURNED

Return this application, either in person or by US mail to:

Anderson County Attorney's Office
ATTN: Adult Diversions
P.O. Box 367
100 E. 4th Avenue
Garnett, Kansas 66032
(785) 448-5703

COMPLETED APPLICATIONS SUBMITTED VIA FACSIMILE WILL NOT BE CONSIDERED.