

## **JUVENILE DIVERSION APPLICATION**

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

1. Legal Name: \_\_\_\_\_

Any other names by which the juvenile has been known (alias/step-parent): \_\_\_\_\_

\_\_\_\_\_

2. Current Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

3. Telephone Number: Work ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

4. Social Security Number: \_\_\_\_\_

5. Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

7. Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

8. Parents: Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

9. Are parents divorced: \_\_\_\_\_ Which parent is custodial: \_\_\_\_\_

10. With whom do you live: \_\_\_\_\_

What is their relationship to you: \_\_\_\_\_

11. Juvenile's statement of facts as to the charges: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Next Court Date: \_\_\_\_\_

13. Have you been on Diversion before: \_\_\_\_\_ When: \_\_\_\_\_

What was the offense(s): \_\_\_\_\_

14. Have you ever been on probation or intensive supervision before: \_\_\_\_\_

When: \_\_\_\_\_ Where: \_\_\_\_\_

15. List all contacts with law enforcement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

16. Are you enrolled in school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where are you currently enrolled? \_\_\_\_\_

(Please attach a copy of your current grades to your application for diversion.)

If no, have you received a diploma or a GED and if so, when? \_\_\_\_\_

(Please attach a copy of your diploma or GED).

17. Do you have any unexcused absences, tardies, or disciplinary suspensions from school?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list all dates and the nature of the absence, tardy, or suspension and a brief explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. If you are not attending school are you employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where are you employed? \_\_\_\_\_

How many hours a week do you work? \_\_\_\_\_ Your rate of pay? \_\_\_\_\_

If no, why aren't you employed? \_\_\_\_\_  
\_\_\_\_\_

19. Your Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Appointed: \_\_\_\_\_ Retained: \_\_\_\_\_

Attorney's Signature: \_\_\_\_\_

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.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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: Juvenile Diversions  
P.O. Box 367  
100 E. 4<sup>th</sup> Avenue  
Garnett, Kansas 66032  
(785) 448-5703

**COMPLETED APPLICATIONS SUBMITTED VIA FACSIMILE WILL NOT BE CONSIDERED.**