



Number of Minor Dependents:	Are you the primary care giver? <input type="radio"/> Yes <input type="radio"/> No
Names	Ages

**SECTION II  
EDUCATION**

Do you have a high school diploma or GED?  Yes  No

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

School:	Location:	Grade or Degree Completed:

**SECTION III  
TREATMENT HISTORY**

Have you ever attended Alcohol or Drug treatment or counseling or received an assessment for possible drug or alcohol problems?  Yes  No

If **yes** state when, where and the reason for treatment or assessment:

**SECTION IV  
EMPLOYMENT**

<b>Military Service</b> <input type="radio"/> Yes <input type="radio"/> No	Branch:
Type of Discharge:	Date of Discharge:
<b>Current Employment</b> Are you currently employed? <input type="radio"/> Yes <input type="radio"/> No	
Employer:	Phone No.
Address:	
Start Date: _____ to _____	Occupation:
Salary:	
<b>Employment History:</b> (List employment for the past six years. Begin with last employer. If you need more space use blank sheet of paper.)	
Employer:	Phone No.:
Address:	
Start Date: _____ to _____	Occupation:
Reason Left:	
Employer:	Phone No.:
Address:	
Start Date: _____ to _____	Occupation:
Reason Left:	

**SECTION V  
INCOME**

Defendant's Employment:	\$ _____ Per Month	Public Assistance:	\$ _____ Per Month
Spouse's Employment:	\$ _____ Per Month	Other:	\$ _____ Per Month
Unemployment Compensation:	\$ _____ Per Month		
If <b>other</b> please specify source:			

**SECTION VI  
INSURANCE**

Do you have current vehicle insurance?  Yes  No **(Attach copy of proof of motor vehicle insurance)**

Name of Insurance Company:

Policy No.:

Expiration Date:

**SECTION VII  
OFFENSE RECORD**

**Prior and Current 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.) **DO NOT LEAVE THIS SECTION BLANK. IF NONE, STATE NONE**

**Prior and Current Criminal Offense Record:** (List all Juvenile and Adult incidents, Arrests, Citations, Prosecutions, Convictions, Expungements, Diversions 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.) **DO NOT LEAVE THIS SECTION BLANK. IF NONE, STATE NONE.**

**In your own words, explain the circumstances of the case for which you are applying for diversion:  
DO NOT LEAVE THIS SECTION BLANK. IF NONE, STATE NONE.**

**SECTION VIII  
ADDITIONAL INFORMATION**

**Please answer all of the following questions:**

Have you ever been convicted of or placed on diversion for a DUI?	<input type="radio"/> Yes	<input type="radio"/> No
Have you ever as an adult been convicted of a felony?	<input type="radio"/> Yes	<input type="radio"/> No
Have you ever been convicted of a criminal offense (including juvenile)?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have any pending court cases besides this case?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have outstanding court fines, restitution or child support?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have outstanding bills or debt?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have support (monetary or emotional) from family members?	<input type="radio"/> Yes	<input type="radio"/> No
Have you suffered prior legal consequences due to alcohol or drug use?	<input type="radio"/> Yes	<input type="radio"/> No
Have you ever been diagnosed with a mental illness?	<input type="radio"/> Yes	<input type="radio"/> No
Do you feel that you have been charged fairly in this case?	<input type="radio"/> Yes	<input type="radio"/> No

**SECTION IX  
AUTHORIZATIONS**

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 to provide the necessary time for my diversion application to receive a full and complete review by the District Attorney's Office. I understand that the final decision to continue criminal proceedings or to defer prosecution in my case rests entirely with the District Attorney.

I authorize the Program Coordinator 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 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.

**Please read each statement below and sign and date each line.**

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 evaluation agency which may participate in evaluating me in the application process.

Executed on: \_\_\_\_\_  
(Date) (Applicant's Signature)

(09/11)