Office of the District Attorney
18th Judicial District of Kansas
Pre-Trial Diversion
1900 E. Morris, Wichita, Kansas 67211

APPLICATION FOR DRUG DIVERSION PROGRAM

All questions must be answered. After completing the application below, please return it to the Diversion Office with the **$45.00 non-refundable Criminal History Fee.** Fee must be in the form of a MONEY ORDER, CASHIER'S CHECK, or ATTORNEY'S TRUST ACCOUNT CHECK made payable to the District Attorney. **NOTE:** This application **MUST** be filed prior to first Preliminary Hearing date if the case is a felony, or within thirty (30) days of the **INITIAL** court date if the case is a misdemeanor. **A $15.00 fee must accompany request for waiver of the time requirement if the application is not filed timely.** If you are determined to be eligible based on your criminal history check**, a $45.00 application fee will be due within 2 weeks of notification of eligibility.** Payment for both the non-refundable Criminal History Fee and non-refundable Application Fee may be submitted at the same time, in one payment, if the defendant chooses.

SECTION I
PERSONAL INFORMATION

Print Full Name:		Phone No.:	
Maiden name or other names used:		SS#:	
Address:		E-mail:	
City:		State:	Zip Code:
Date of Birth:	Age:	Race:	Sex:
How long have you lived at this address:		Who do you live with:	
Driver's License Number:		State of Issuance:	
Defense Attorney:		Phone Number:	
Defense Attorney 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.

City and State where born:

In what other cities and states have you lived?

City	State	Dates lived there

Marital Status:	Spouse's Name:		
Nearest Contact Name:			
Relationship to Defendant:		Phone No.:	
Address:			

FOR DIVERSION USE ONLY

Application Fee:		Date Received:	
Trial Date:		Case No.:	
		Preliminary Hearing:	

Number of Minor Dependents:	Are you the primary care giver? ◯ Yes ◯ 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):

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 attendance or assessment:

SECTION IV
EMPLOYMENT

Military Service ◯ Yes ◯ No	Branch:
Type of Discharge:	Date of Discharge:

Present Employment ☐ Check if unemployed	
Employer:	Phone No.:
Address:	
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 No.:
Address:	
Dates Employed _____ to _____	Occupation:
Reason Left:	
Employer:	Phone No.:
Address:	
Dates Employed _____ 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 **other** please specify source:			

SECTION VI PERSONAL REFERENCES	
Name:	Phone No.:
Address:	
Relationship to Defendant:	
Name:	Phone No.:
Address:	
Relationship to Defendant:	

SECTION VII
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, 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.)

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

SECTION VIII
ADDITIONAL INFORMATION

Please check the appropriate answer for each of the following questions		
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 ever 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

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.

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 COMCARE in Wichita, Kansas, or any other evaluation agency which may participate in evaluating me in the application process.

Executed on: _____ _____
(Date) *(Applicant's Signature)*

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