

Office of the District Attorney

18th Judicial District of Kansas
Pre-Trial Diversion
525 N. Main, Ste 235 Wichita, Kansas 67203

APPLICATION FOR DUI PRETRIAL 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, which 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 within thirty (30) days of the INITIAL court date. 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.

			SECT	ION I		
PERSONAL INFORMATION						
Print Full Name:						o.:
Maiden name or other names used:						
Address:					E-mail:	
City:			State:		Zip Code	e:
Date of Birth:	Age:		Race:		Sex:	
How long have you lived at this address:			Who do you live with:			
Driver's License #:	State	:	Valid DL	.?□ Yes □ No	CDL: □	Yes □ No
Defense Attorney:			Defense Attorney Phone No.:			
Defense Attorney Address:						
Are you a United States citiz	en or leg	al alien?				
Proof of citizenship or legal a		•	_			•
and in accordance with the	-			_	_	· · · · · · · · · · · · · · · · · · ·
verification of residency status, e.g. valid work permit, visa or green card if approved for the Diversion program.						
City and State where born:				-		
Have you ever lived outside	of Wichi	ta, KS?			T	
City		ate		Dates lived there		
Marital Status:				Spouse's Name:		
Nearest Contact Name:						
Relationship to Defendant: Phone No.:						
Address:						
FOR DIVERSION STAFF USE ONLY						
Fee Received:				Date Received:		
Next Court Date:				Case No.:		
ADA:				Prelim Control:		
Charge:				Coordinator:		Days Late:

Number of Minor Dependents:	Are you the primary care giver? ☐ Yes ☐ No						
Names	Ages						
- 1111111		6-					
	CT CT	TONI II					
		TION II ATION					
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 I	Degree	Completed::		
2333233							
		ION III					
Have you ever attended Alcohol of		NT HISTORY	d on occoss	mont f	for possible drug or		
alcohol problems? \square Yes \square N		ounseiing of feceived	i all assess	inent i	or possible drug of		
If yes state when, where and the re		assessment:					
•							
		ION IV DYMENT					
Military Service ☐ Yes ☐ No)	Branch:					
Type of Discharge:	Date of Discharge:						
Current Employment Are	you currently employ	/ed? ☐ Yes ☐ No)				
Employer:	• • •	Phone No.:					
Address:							
Dates Employed to	Occupation:	Occupation:					
Salary:							
Employment History: (List employ	ment for the past six years. I	Begin with last employer. If	you need mor	re 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		
1 7	\$Per Month	Other:		\$	Per Month		
1 1	\$Per Month						
If other please specify source:		•					

SECTION VI OFFENSE RECORD						
	py 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 inc	pidants DIII or DWI Arracts Divargions					
Deferred Prosecutions, Convictions and Expungements in Kansas or other states including the convictions. Include date of arrest, citation or incident, arresting or ticketing agency, charge a THIS SECTION BLANK. IF NONE, STATE NONE.	ose not resulting in formal charges or					
Prior and Current Criminal Offense Record: (List all Juvenile and Adult incidents, Arrests, Citations, Prosecutions, Convictions, Expungements, Diversions or Deferred Prosecution Arguments 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 check the appropriate answer for each of the following questions						
Have you ever been placed on diversion for a criminal case?	□ Yes □ No					
Have you ever as an adult been convicted of a felony?	☐ Yes ☐ No					
Have you ever as an adult been convicted of a criminal offense (including juvenile)?	☐ Yes ☐ No					
Do you have any pending court cases besides this case?						
Do you have outstanding court fines, restitution or child support?	☐ Yes ☐ No					
	☐ Yes ☐ No					
Do you have outstanding bills or debt?	☐ 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					

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 diversionapplication 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 theoriginal 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 notlimited 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 Officewill 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 mypresent 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)				