

**MARION COUNTY ATTORNEY'S OFFICE**

**202 S. THIRD ST, SUITE A**

**MARION, KANSAS 66861**

**PHONE (620) 382-2243**

*Please Note: The Application will not be processed, until the \$45.00 Application Fee is paid.*

**Application for Diversion Program**

**Personal Information**

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Maiden name or other names used: \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_ Who do you live with? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

.....  
Defense Attorney Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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.*

In what other cities and states have you lived? Please list below. If you need more space, use blank sheet of paper.

City	State	Dates lived there



## Employment

Prior Military Service: \_\_\_\_\_ Branch: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Present Employment: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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 Number: \_\_\_\_\_

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

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Occupation: \_\_\_\_\_

Reason Left: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Occupation: \_\_\_\_\_

Reason Left: \_\_\_\_\_

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## Income

Defendant's Income: \$ \_\_\_\_\_ per Month

Spouse's Income: \$ \_\_\_\_\_ per Month

Public Assistance: \$ \_\_\_\_\_ per Month

Other Income: \$ \_\_\_\_\_ per Month

Unemployment Compensation: \$ \_\_\_\_\_ per Month

## Personal References

Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

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

Relationship to Defendant: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

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

Relationship to Defendant: \_\_\_\_\_

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## 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.

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**Prior Criminal Offense Record:** List **all** Juvenile and Adult incidents, Arrests, Citations, Prosecutions, Convictions, Expungements, Diversion 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.

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

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### Additional Information

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 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

Any additional information you wish to provide: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### FOR OFFICE USE ONLY

Application Fee: \_\_\_\_\_ Date Received: \_\_\_\_\_ Case No: \_\_\_\_\_

## **Authorizations**

I hereby apply for status as a participant in the Diversion Program and request that the Marion County 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 County Attorney, to provide the necessary time for my diversion application to receive a full and complete review by the County Attorney's Office. I understand that the final decision to continue criminal proceedings or to defer prosecution in my case rests entirely with the County Attorney. I have had the opportunity to consult with legal counsel.

I authorize the County Attorney's Office 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 County Attorney will resume prosecution on the original charges.

I understand and agree that in the event that 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 Diversion Agreement 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 County Attorney's Office will not consider the application.

I declare under penalty of perjury under the laws of the State of Kansas, that I have personally read or have had read to me the attached application for Diversion and responses thereto and that all information contained in the foregoing application for Diversion is true and correct.

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

I authorize the County Attorney's Office to conduct a background check of my past employment record and I authorize my present and previous employers to furnish the County Attorney's Office with any information they request. I further authorize the County Attorney's Office to contact my liability insurance carrier and authorize them to release information.

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

I authorize the County Attorney's Office to release all records, including by not limited to, criminal history information and investigation reports to any evaluation agency which may participate in evaluating me in the application process.

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