



Office of the District Attorney
18th Judicial District of Kansas
Pre-Trial Diversion

525 N. Main, Ste 235 Wichita, Kansas 67203

APPLICATION FOR DWS/NO INSURANCE 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 application 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 program is for offenses occurring on or after June 15, 2020. 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.**

**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 #:	State:	Valid DL? <input type="checkbox"/> Yes <input type="checkbox"/> No		CDL: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Defense Attorney:		Defense Attorney Phone No.:			
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.

**SECTION II
OFFENSE RECORD**

Prior and Current Traffic Offense Record: (List **all** Juvenile and Adult traffic incidents, DUI or DWI Arrests, Diversion, 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.**

FOR DIVERSION STAFF USE ONLY

Fee Received:		Date Received:	
Next Court Date:		Case No.:	
ADA:		Prelim Control:	
Charge:		Coordinator:	Days Late:

**SECTION II
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 VIII
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)