



Office of the District Attorney
18th Judicial District of Kansas

APPLICATION FOR PRETRIAL DIVERSION PROGRAM
SECTION I – PERSONAL INFORMATION

Full Name _____ Phone number _____

Maiden Name/Other Name Used _____ Social Security Number _____

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 _____ Valid DL? Yes No CDL Yes NO

Defense Attorney _____ 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 _____ Have you ever lived outside of Wichita? Yes No

If yes City _____ State _____ Dates lived there _____

City _____ State _____ Dates lived there _____

City _____ State _____ Dates lived there _____

Marital Status _____ Spouse's Name _____ Nearest Contact Name _____

Relationship to Defendant _____ Phone number _____ Address _____

FOR DIVERSION STAFF USE ONLY

Fee Received _____ Date Received _____

Next Court Date _____ Case Number _____

ADA _____ Prelim Control _____

Charge _____ Coordinator _____ Days left _____

DOWNTOWN
525 N. MAIN, SUITE 235
WICHITA, KANSAS 67203

Number of Minor Dependents _____

Are you the primary care giver? Yes No

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

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 _____

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

Military Service Yes No Branch _____ Type of Discharge _____ Date of Discharge _____

Current Employment Are you currently employed? Yes No

Employer _____ Phone Number _____ Address _____

Dates Employed _____ to _____ Occupation _____ Salary _____

Employment History (list employment for past six years. Begin with last employer. If you need more spaced 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 _____

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 – OFFENSE RECORD

ONLY FILL OUT IF APPLYING FOR DUI DIVERSION

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

Name of Insurance Company _____

Policy Number _____ 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 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

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 every as an adult been convicted of a felony? Yes No

Have you ever been convicted of a criminal offense (*including juvenile?*) Yes No

Do you have any pending court cases besides this case? 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 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 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 _____