



Office of the District Attorney  
18<sup>th</sup> 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 or BAC \_\_\_\_\_ Initial Court Date \_\_\_\_\_

Charge \_\_\_\_\_ Coordinator \_\_\_\_\_ Days late \_\_\_\_\_

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 \_\_\_\_\_