

FOR OFFICE USE ONLY

CASE #: _____

CHARGE(S): _____

APPLICATION DATE: _____

DEFENDANT'S ATTORNEY: _____

NEXT COURT DATE: _____

**JOHNSON COUNTY DISTRICT ATTORNEY'S OFFICE
APPLICATION FOR TRAFFIC DIVERSION**

1. FULL NAME _____ AGE: _____

ADDRESS _____ PHONE: _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH ____/____/____ CITY AND STATE WHERE BORN _____

MALE ____ FEMALE ____ SINGLE ____ MARRIED ____

EMAIL _____

2. **PRESENT JOB:**

EMPLOYER: _____ ADDRESS: _____

JOB TITLE: _____ WORK PHONE: _____

SALARY: _____ PER _____ HOW LONG: _____

UNEMPLOYED ____ YES

PREVIOUS WORK EXPERIENCE:

EMPLOYER: _____ ADDRESS: _____

JOB TITLE: _____ WORK PHONE: _____

SALARY: _____ PER _____ HOW LONG: _____

3. Do you currently have a valid Driver's License? ____ Yes ____ No

If no, state the reason for suspension and what jurisdiction _____

4. If suspended, can you get a valid Driver's License within the 4 months of signing the diversion agreement?

____ Yes ____ No

5. **Please list all states where you have obtained a valid driver's license in the last 10 years**

(Please be aware if you were a holder of a Commercial Driver's License at the time of offense, you are ineligible for the diversion program)

YOU MUST ANSWER ALL QUESTIONS OR YOUR DIVERSION APPLICATION WILL NOT BE ACCEPTED.

6. PREVIOUS CRIMINAL/TRAFFIC OFFENSE RECORD:

State ALL offenses for which you have been arrested or charged at any time and in any jurisdiction. Include: expunged, dismissed, diverted, juvenile, traffic and alcohol related offenses.

<u>CRIMINAL OFFENSE</u>	<u>WHEN</u>	<u>WHERE</u>	<u>OUTCOME</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<u>TRAFFIC OFFENSE</u>	<u>WHEN</u>	<u>WHERE</u>	<u>OUTCOME</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any outstanding warrants? If yes, where? _____
Are you currently on bond supervision, diversion or probation? If yes, where? _____

If you have answered NO to all questions above, you must certify under penalty of perjury that you have no prior criminal record by checking this box

7. STATE IN YOUR OWN WORDS AND IN DETAIL THE FACTS OF THE CURRENT CASE WHICH CAUSED CHARGES TO BE FILED:

I declare, verify, certify, or state under the 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 forgoing application for Diversion, including but not limited to my listing of previous criminal record in section 6, is true and correct. I understand that if any of this information is not true and correct, this will be a basis for denial or revocation of Diversion. I agree that if an undisclosed criminal offense or DUI is discovered after Diversion has been granted, a criminal justice report, KBI report, Police Department or Sheriff's Office report, and/or Department of Revenue report may be admitted as evidence in any court, without foundation, to prove prior traffic or criminal offenses for the purpose of revocation of Diversion in this matter.

RELEASE OF INFORMATION

I hereby authorize the District Attorney's Office to release any information in the District Attorney's file pertaining to this offense for which I am charged to Johnson County Mental Health Center, DCF, and the investigating Law Enforcement Agencies, or any other such person or agencies for use in determining whether I am a suitable candidate for diversion. I further authorize any person, agency, or organization to release and provide, upon request, any information to the office of the District Attorney in consideration of any application for Diversion.

I further authorize any person, agency, or organization that is conducting an evaluation or treatment as part of the diversion application or the diversion agreement to release information to any other person, agency, or organization as needed for the evaluation or treatment process.

Revised 2/2020

Defendant Date