

FOR OFFICE USE ONLY

CASE #: _____

CHARGE(S): _____

DATE APP. REC'D: _____

CONFERENCE DATE/TIME: _____

DV ASSESSMENT PROVIDER _____

(DV Cases Only)

ANGER CONTROL PROVIDER _____

SUBSTANCE ABUSE EVALUATOR _____

(DUI Cases Only)

SUBSTANCE ABUSE MONITOR _____

Revised October 2012

DEFENDANT'S ATTORNEY: _____

CLERK BOX _____

IF NO CLERK BOX, ATTACH BUSINESS CARD

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

1. NAME _____ AGE: _____

ADDRESS _____ TEL. # _____

CITY _____ STATE _____ ZIP _____

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

SOCIAL SECURITY # ____-____-____

MALE ____ FEMALE ____ SINGLE ____ MARRIED ____

IF MARRIED, SPOUSE'S NAME _____

DEPENDENTS _____ AGE _____ AGE _____

_____ AGE _____ AGE _____

IF YOU LIVE WITH SOMEONE OTHER THAN PERSON(S) LISTED ABOVE, STATE THE NAME(S) _____

2. **Unemployed** ___Yes ___No

PRESENT JOB:

EMPLOYER: _____ ADDRESS: _____

JOB TITLE: _____ WORK PHONE: _____

SALARY: _____ PER _____ HOW LONG: _____

PREVIOUS WORK EXPERIENCE:

EMPLOYER: _____ ADDRESS: _____

JOB TITLE: _____ WORK PHONE: _____

SALARY: _____ PER _____ HOW LONG: _____

EMPLOYER: _____ ADDRESS: _____

JOB TITLE: _____ WORK PHONE: _____

SALARY: _____ PER _____ HOW LONG: _____

3. **EDUCATIONAL BACKGROUND:**

ELEMENTARY: _____ JUNIOR HIGH: _____

HIGH SCHOOL: _____ GRADUATE: _____

COLLEGE: _____ HIGHEST YEAR ACHIEVED: _____

4. **COUNSELING HISTORY: Have you ever participated in the following:**

a. Substance Abuse Counseling/Treatment ___ No ___ Yes

b. Anger Control/Batterers Intervention ___ No ___ Yes

c. Mental Health Treatment/Hospitalized for Mental Illness ___ No ___ Yes

What is your diagnosis _____

If yes to any question above state when, where and reason for attendance or assessment:

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

5. PREVIOUS CRIMINAL/TRAFFIC OFFENSE RECORD:

Have you <u>ever</u> been arrested as an Adult or Juvenile	No ___ Yes ___
Have you <u>ever</u> been charged with a crime or received a citation as an Adult or Juvenile	No ___ Yes ___
Have you <u>ever</u> been convicted of a crime as an Adult or Juvenile	No ___ Yes ___
Have you <u>ever</u> received diversion or deferred prosecution for a crime as an Adult or Juvenile	No ___ Yes ___
Have you <u>ever</u> had a conviction expunged from your record as an Adult or Juvenile	No ___ Yes ___

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 []

If you answered yes to any questions above you must describe:

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

6. 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 5, 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, the Dept. of SRS, 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.

Defendant

Date