

FOR OFFICE USE ONLY

CASE #: _____

CHARGE(S): _____

APPLICATION DATE: _____

DEFENDANT'S ATTORNEY _____

CLIENT OF JOHNSON COUNTY MENTAL HEALTH: **YES NO**
IF YES, WHO IS YOUR CASE MANAGER _____

ARE YOU A JOHNSON COUNTY RESIDENT: **YES NO**

YOU MUST BE A JOHNSON COUNTY RESIDENT TO APPLY FOR MENTAL HEALTH DIVERSION AND ACCEPT SERVICES THROUGH JOHNSON COUNTY MENTAL HEALTH DURING THE TERM OF YOUR DIVERSION

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

1. NAME _____ AGE: _____

ADDRESS _____ PHONE: _____

CITY _____ STATE _____ ZIP _____

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

LAST 4 SSN # _____ MALE _____ FEMALE _____ SINGLE _____ MARRIED _____

EMAIL _____

Who do you reside with and what is their relationship to you?

2. **DO YOU CURRENTLY RECEIVE MEDICAID/MEDICARE DISABILITY BENEFITS?** ____ YES ____ NO

PRESENT JOB:

EMPLOYER: _____ ADDRESS: _____

JOB TITLE: _____ WORK PHONE: _____

SALARY: _____ PER _____ HOW LONG: _____

UNEMPLOYED ____ YES

PREVIOUS WORK EXPERIENCE:

EMPLOYER: _____ ADDRESS: _____

JOB TITLE: _____ WORK PHONE: _____

HOW LONG: _____ Reason for Leaving: _____

3. **EDUCATIONAL BACKGROUND:**

What is your highest level of education: High School ____ Some College ____ College ____ Graduate School ____

Did you have an IEP/Special Education Services? ____ YES ____ NO

Were you ever the subject of disciplinary action in school? ____ YES ____ NO

If yes, please explain: _____

4. **MENTAL HEALTH HISTORY: HAVE YOU EVER PARTICIPATED IN THE FOLLOWING:**

a. Mental Health Treatment ____ YES ____ NO

What is your diagnosis: _____

b. Hospitalized for Mental Illness ____ YES ____ NO

When _____ Where _____

c. Substance Use Counseling ____ YES ____ NO

d. Substance Use Inpatient Treatment ____ YES ____ NO

What substance(s): _____

When _____ Where _____

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

5. MEDICATION HISTORY

- a. What psychiatric medications have you ever been prescribed _____

- b. What psychiatric medications are you **currently** taking _____

- c. At the time of this incident, were you taking any medications? ____ **YES** ____ **NO**
If yes, please list what medications including those for any medical conditions _____

6. PREVIOUS CRIMINAL/TRAFFIC OFFENSE RECORD:

- Have you ever been arrested as an Adult or Juvenile No ____ Yes ____
- Have you ever been charged with a crime or received a citation as an Adult or Juvenile No ____ Yes ____
- Have you ever been convicted of a crime as an Adult or Juvenile No ____ Yes ____
- Have you ever had a conviction expunged from your record as an Adult or Juvenile No ____ Yes ____
- Have you ever had a case dismissed, diverted or an SIS for a crime as an Adult or Juvenile No ____ Yes ____

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

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

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 any mental health provider, 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.