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| **FOR OFFICE USE ONLY** CASE #: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**CHARGE(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_APPLICATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CONFERENCE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

DV ASSESSMENT PROVIDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBSTANCE ABUSE EVALUATOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DEFENDANT’S ATTORNEY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOU MUST ANSWER ALL QUESTIONS OR THE APPLICATION WILL NOT BE ACCEPTED

**JOHNSON COUNTY DISTRICT ATTORNEY’S OFFICE**

**APPLICATION FOR ADULT DIVERSION**

1. NAME Click here to enter text. AGE Click here to enter text.

ADDRESS Click here to enter text. PHONE Click here to enter text.

CITY Click here to enter text. STATE Click here to enter text. ZIP Click here to enter.

DATE OF BIRTH Click here to enter text. CITY AND STATE WHERE BORN Click here to enter text.

LAST 4 SSN # Click here to enter text. MALE [ ]  FEMALE [ ]  SINGLE [ ]  MARRIED [ ]

EMAIL Click here to enter text.

IF MARRIED, SPOUSE’S NAME Click here to enter text.

DEPENDENTS WITH AGES Click here to enter text.

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

NAME(S) Click here to enter text.

2. **PRESENT JOB:**

EMPLOYER: Click here to enter text. ADDRESS: Click here to enter text.

JOB TITLE: Click here to enter text. WORK PHONE: Click here to enter text.

SALARY: Click here to enter text. PER Click here to enter text. HOW LONG: Click here to enter text.

 **UNEMPLOYED** [ ] **YES**

**PREVIOUS WORK EXPERIENCE:**

EMPLOYER: Click here to enter text. ADDRESS: Click here to enter text.

JOB TITLE: Click here to enter text. WORK PHONE: Click here to enter text.

SALARY: Click here to enter text. PER Click here to enter text. HOW LONG: Click here to enter text.

3**. HIGHEST LEVEL OF EDUCATION: (PLEASE MARK ONE)**

[ ] **SOME HIGH SCHOOL** [ ] **HIGH SCHOOL DIPLOMA**

[ ] **SOME COLLEGE** [ ] **COLLEGE DEGREE (ASSOCIATE’S/BACHELOR’S/MASTER’S)**

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

 Diagnosis Click here to enter text.

 **If yes to any question above state when, where and reason for attendance or assessment:** Click here to enter text.

**5. 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:**

**YOU MUST LIST OFFENSE(S), WHEN, WHERE AND OUTCOME OF ALL PRIOR CRIMINAL HISTORY**

Click here to enter text.

**If you answered NO to all questions above, you certifying under penalty of perjury that you have no prior criminal record.**

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

Click here to enter text.

**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, 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

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Defendant Date