

2. PERSONAL DATA RELATING TO ACCUSED:

Address: _____

Phone No. _____

Email: _____

Age: _____ Sex: Male Female Race: _____

Place of Birth: _____ Date of Birth: _____

Driver's License No.: _____ State: _____

Social Security No.: _____

Employer: _____

Accused's criminal and traffic record: (include **ALL** juvenile and adult incidents, arrests, citations, prosecutions, and convictions in Kansas or other states, including those not resulting in formal charges or convictions. Include date of incident, agency, charge and disposition).

3. Do you have any other pending charges in this city, county, or state? Yes No
If yes, please state where and type of charge.

5. Name of your automobile insurance company, your local agent, his or her phone number and your policy number:

6. Have you ever attended alcohol treatment or counseling? Yes No
If yes, when, where, and the reason for attendance.

7. Are you now or have you ever participated in any other diversion or deferred judgment program? Yes No

If yes, please state where, the effective date of the program and the charges(s) diverted.

8. Briefly state in your own words your side of the events leading to your arrest for the offense with which you are charged.

I hereby apply to participate in the City Prosecutor's diversion program and request that the City Prosecutor temporarily delay trial of the charge(s) against me in order to permit consideration of this application. I understand that the final decision to continue proceedings or to defer prosecution in my case rests entirely with the City Prosecutor.

I authorize the City Prosecutor to conduct an investigation to determine my suitability for this program. I understand that any information provided by me or authorized by me to be furnished to the City Prosecutor in connection with this investigation will be kept confidential. I further understand that a false answer or incomplete response to any question in this application may be grounds for denial of the application or revocation of diversion granted based on such false or incomplete information, and that the City Prosecutor will resume prosecution on the original charge(s) should diversion be denied or revoked.

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.

I authorize the City Prosecutor's office to conduct a background check of my past employment record and I authorize my present and previous employers to furnish the City Prosecutor's office with any information they request. I further authorize the City Prosecutor's office to contact my liability insurance carrier and authorize them to release information.

Dated: _____

Applicant's Signature