

# ADULT DIVERSION APPLICATION

(Please fill out completely or your application will not be considered.)

PERSONAL INFORMATION:

Case No. \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_

If married, Spouse's name: \_\_\_\_\_

Dependents: \_\_\_\_\_

Age: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_

If you live with someone other than person(s) listed above, state the names: \_\_\_\_\_

\_\_\_\_\_

How long have you lived at your current residence listed above: \_\_\_\_\_

If you have lived in a state other than Kansas, please list all the states and previous addresses:

\_\_\_\_\_

\_\_\_\_\_

This crime involves a \_\_\_ family member \_\_\_ boy/girl friend \_\_\_ other \_\_\_ not applicable

Next Court Date: \_\_\_\_\_

EMPLOYMENT:

Present employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Salary: \_\_\_\_\_ Per \_\_\_\_\_

Previous employer \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Salary: \_\_\_\_\_ Per \_\_\_\_\_

Why terminated: \_\_\_\_\_

EDUCATION:

Elementary: \_\_\_\_\_

Junior High: \_\_\_\_\_

High School \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

College: \_\_\_\_\_

Highest Year/Degree Achieved: \_\_\_\_\_

MEDICAL HISTORY:

Are you presently under supervised medical care for any reason? \_\_\_\_\_

List any physical injuries which are of significance to this criminal/traffic case:

\_\_\_\_\_

Psychological Services received, please list dates and providers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CRIMINAL HISTORY:

Please list all offenses for which you have been arrested or charged with at any time and in any jurisdiction (including any pending criminal/traffic actions filed against you). Include offense(s) expunged, juvenile offenses adjudicated and alcohol related traffic offenses. This section applies even if the charges were dismissed or someone told you the charges would not be on your record.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MITIGATING FACTORS:

Please state any facts concerning the crime which might excuse your actions. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER FACTORS TO CONSIDER:

Explain why you feel you could successfully complete the Diversion Program. (To be completed in the Defendant's own handwriting:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State in detail the facts which cause the charges to be filed. (To be completed in the Defendant's own handwriting).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTORNEY INFORMATION:**

Please mark one of the following:

( ) I am represented by counsel. My attorney's name and information is as follows:

Name of Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

( ) I am not represented by counsel at this time.

\_\_\_\_\_  
Signature of Attorney (if represented by counsel)

I, solemnly swear that I have read the foregoing Diversion Application and all of the information is true and correct to the best of my knowledge. I understand that any false or incorrect information provided on this form will result in a denial of diversion or revocation of the diversion agreement, if granted.

Date: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF DEFENDANT

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Appointment Expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

**IF YOUR SIGNATURE IS NOT NOTARIZED THE APPLICATION  
WILL BE RETURNED**

**Return this application, either in person or by US mail to:**

Osage County Attorney's Office  
ATTN: Adult Diversions  
P.O. Box 254  
Lyndon, Kansas 66451  
(785) 828-4931

**COMPLETED APPLICATIONS SUBMITTED VIA FACSIMILE WILL NOT BE CONSIDERED.**