

JUVENILE DIVERSION APPLICATION

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

1. Legal Name: _____

Any other names by which the juvenile has been known (alias/step-parent): _____

2. Current Address: _____

Mailing Address: _____

City, State, and Zip Code: _____

3. Telephone Number: Work () _____ Home () _____

4. Social Security Number: _____

5. Race: _____ Sex: _____ Height: _____ Weight: _____

6. Date of Birth: _____ Place of Birth: _____

7. Age: _____ School: _____ Grade: _____

8. Parents: Father's Name: _____

Address: _____

Mother's Name: _____

Address: _____

9. Are parents divorced: _____ Which parent is custodial: _____

10. With whom do you live: _____

What is their relationship to you: _____

11. Juvenile's statement of facts as to the charges: _____

12. Next Court Date: _____

13. Have you been on Diversion before: _____ When: _____

What was the offense(s): _____

14. Have you ever been on probation or intensive supervision before: _____

When: _____ Where: _____

15. List all contacts with law enforcement: _____

16. Are you enrolled in school? _____ Yes _____ No

If yes, where are you currently enrolled? _____
(Please attach a copy of your current grades to your application for diversion.)

If no, have you received a diploma or a GED and if so, when? _____
(Please attach a copy of your diploma or GED).

17. Do you have any unexcused absences, tardies, or disciplinary suspensions from school?

_____ Yes _____ No

If yes, please list all dates and the nature of the absence, tardy, or suspension and a brief explanation:

18. If you are not attending school are you employed? _____ Yes _____ No
If yes, where are you employed? _____
How many hours a week do you work? _____ Your rate of pay? _____
If no, why aren't you employed? _____

19. Your Attorney: _____
Address: _____
City, State, and Zip Code: _____
Phone: () _____ Fax: () _____
Appointed: _____ Retained: _____

Attorney's Signature: _____

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.

Applicant's Signature: _____

Date: _____

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: Traffic Diversions
P.O. Box 254
Lyndon, Kansas 66451
(785) 828-4931