

SALINE COUNTY ATTORNEY'S OFFICE
300 West Ash, Room 110
Salina, KS 67401
Phone: (785) 309-5815
Fax: (785)309-5816

DIVERSION FEES:

Payable to: "*Clerk of the District Court*", must be attached or the application will not be processed. Application fees are non-refundable if your application is denied.

Adult Felony & DUI \$250

Adult Misdemeanor. \$125

Juvenile Felony. \$100

Juvenile Misdemeanor \$ 50

DIVERSION APPLICATION

Full Name

Case No.

Telephone

Sex

Date of Birth

Place of Birth

Home Address

City

State

Zip Code

Social Security Number

Driver's License Number

Email address _____

List all states that you have lived in _____

Relationship to victim of this crime _____

EDUCATION

1. Have you completed High School? _____
 - a. If so, when and where? _____
 - b. If not, do you have a GED? _____
2. Have you had any vocational training? _____
 - a. If so, when and where? _____
3. Have you attended college? _____
 - a. If so, when and where? _____
 - b. Date of Graduation or expected date of Graduation _____

EMPLOYMENT

List employment history for the last ten years starting with the most recent employment:

Employer	Date of Employment	Reason for Leaving
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY HISTORY

1. List name and address of parents, brothers and sisters:

2. Current marital status, name of spouse, date of marriage, (maiden name)

3. List number of prior marriages and names of prior spouses:

4. Name, age and address of children:

MEDICAL HISTORY

1. Have you ever participated in psychiatric/psychological treatment or counseling? _____
If so, list date, place and length of treatment:

2. Have you participated in treatment or counseling for alcohol abuse? _____
If so, list date, place and length of treatment:

3. Have you participated in drug treatment or counseling? _____
If so, list date, place and length of treatment:

LEGAL HISTORY

1. List name and address of attorney. If you are representing yourself, please indicate so.

2. Have you ever been convicted of a crime? _____
If so, state when, where, case no., and charge:

Note: If you answered *Yes*, you do not qualify for diversion.

3. Have you had a prior criminal diversion? _____
If so, state when, where, case no., and charge:

Note: If you answered *Yes*, you do not qualify for diversion.

4. List all prior traffic convictions and diversions by date and place:

5. Are you currently on probation or parole? _____
If so, list when, where, charge and supervising officer:

6. Do you currently owe fines to any court? _____
If so, list amount and the court: _____

CURRENT CHARGE(S): _____

DUI CASES ONLY

1. Have you ever been diverted for DUI or convicted of DUI? _____
2. Was an accident involved in this case? _____
3. Did you refuse a breath test or blood test? _____
4. Were the results of your test greater than .15? _____
5. Did you have a Commercial Driver's License at the time of your arrest?

Note: If you answer *Yes* to any of these questions, you do not qualify for diversion.

State any mitigating facts concerning your current charges that you believe might excuse your actions.

Explain why you feel you could successfully complete the Diversion Program. **This section must be completed in the applicant's own handwriting or the application will be returned.**

State, in detail, the facts which caused charges to be filed. Please use the back of this page if necessary. **This section must be completed in the applicant's own handwriting or the application will be returned.**

Note: If you maintained your innocence, blamed it on others, or otherwise failed to accept responsibility for your actions in this section, you do not qualify for diversion.

If you are under eighteen, have you ever been required to attend the Stop Shoplifting School? _____

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 giving false information will be a basis for denial of diversion or revocation of diversion.

I hereby authorize the Saline County Attorney's Office to release any information in the Saline County Attorney's Office file pertaining to the offense for which I am charged to any agency which is performing the psychological, drug, alcohol and/or other evaluation, any law enforcement agency, or any other such person or agencies for use in determining whether I am a suitable candidate for the Diversion program. I further authorize any person, agency or organization to release and provide, upon request, any information to the Office of the Saline County Attorney in consideration of my application for the Diversion program.

I further authorize any person, agency or organization that is conducting an evaluation or treatment as a part of the Diversion program to release information to any other person, agency or organization as needed to the evaluation or treatment process.

Defendant/Applicant

BE IT REMEMBERED, that on this _____ day of _____, 2018, before me the undersigned a Notary Public in and for the State of Kansas came

_____ to me personally known to be the same as his/her own free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my official seal on the day and year last above written.

Notary Public