

APPLICATION FOR DIVERSION

1. Full legal name and any alias used within the last five (5) years.

2. Physical Address: _____
Mailing Address if different from above: _____
City, State & Zip: _____

3. Length of residence at that address: _____

4. Telephone Number: Home: _____ Work: _____

5. Social Security No.: _____

6. Driver's License No.: _____ State: _____ CDL Y/N

7. Race: _____ Sex: _____ Date of Birth: _____

8. If employed: a) Employer: _____
b) Address: _____
c) Telephone No.: _____
d) Length of Employment: _____

9. Date of Ticket or Arrest: _____

10. Type of charge or charges against you: _____

11. List ***all*** incidents where you were arrested, charged or convicted of crimes whether felony, misdemeanor, or traffic. List the jurisdiction (City/County/State) and date where the incident occurred and the results of the incident:

<u>CHARGE</u>	<u>CITY/COUNTY/STATE</u>	<u>DATE</u>	<u>RESULTS</u>

12. Have you ever participated in a diversion in this state or any other state? _____
If so, list the City/County/State and the dates: _____

Please state in detail the facts which caused the current charges against you to be filed: _____

Please state what you believe to be any mitigating factors concerning the crime(s) with which you
Are charged: : _____

Explain why you feel you could successfully complete this Diversion Program: _____

I, _____, have read the foregoing application.
All of the information is true and correct. **I understand that if any of the foregoing information is not true and correct, this may be a basis for denial of the diversion or a revocation of my diversion.** I request a continuance of the court date for my case to allow the Prosecutor time to review my application and obtain the information necessary to determine whether or not a diversion can be granted. I understand that I have a right to a speedy trial and I knowingly and voluntarily waive the right to speedy trial.

Dated: _____

Signature: _____

PLEASE RETURN THIS APPLICATION TO THE FOLLOWING ADDRESS:

Sherman County Attorney's Office
813 Broadway, Room 105
Goodland, KS 67735
attorney@shermancountyks.gov

THIS APPLICATION WILL NOT BE CONSIDERED IF NOT COMPLETED IN FULL.