

Chase County

William T. North
1950 - 2014

OFFICE OF THE
COUNTY ATTORNEY

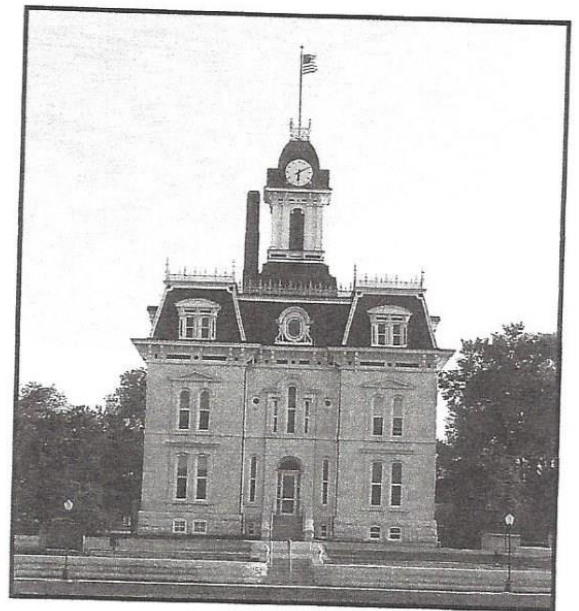
P.O. Box 637

Cottonwood Falls, Kansas 66845

620-273-6359

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William R. Halvorsen
County Attorney



1871 - 1872

NOTICE

This is to advise you that you may be eligible to participate in the Chase County Diversion Program. Participation in this program is a privilege, not a right, and the final decision to accept you into the program rests solely with the Chase County Attorney or a designated representative. To be considered for participation in the program, you must submit an application immediately so that the process may be started in a timely manner.

The intent of this program is to provide a second chance to those who are willing to accept accountability and responsibility for his or her actions and to continue life with a clean slate.

The Diversion Coordinator will request a local record check, KBI check, and/or driving record to help determine whether or not acceptance into the program will be granted. If you qualify for the Diversion Program, you will need to follow all terms and conditions set forth in the Diversion Agreement. You will be supervised for a specified time through the Chase County Attorney's office. You will need to pay as directed, refrain from violating the law and complete all other requirements as ordered. The requirements will be different depending on which statute you have been charged.

If there are any violations, a revocation of the diversion will be ordered, therefore a stipulation and conviction on the original charges will be sought.

If there are any questions regarding the Diversion Program, please feel free to contact Deneise, Chase County Diversion Coordinator, at 620-273-6359.

APPLICATION FOR DIVERSION

TODAY S DATE _____ CASE NO. (if applicable) _____

HEARING DATE IS SET ON _____



NAME: _____ PHONE NO. _____

A/K/A(s): _____

FULL MAILING ADDRESS: _____

AGE: _____ RACE: _____ SEX: _____ DOB: _____

PLACE OF BIRTH: _____

LENGTH OF RESIDENCE IN THE UNITED STATES: _____

SOCIAL SECURITY NUMBER: _____

DRIVER S LICENSE NUMBER: STATE: _____ NUMBER: _____

DO YOU HAVE A CDL: _____ YES _____ NO If yes, CDL #: _____

NEAREST CONTACT IN CASE OF AN EMERGENCY:

NAME: _____ PHONE NO.: _____

ADDRESS: _____

_____ RELATION TO DEFENDANT: _____

DEFENSE ATTORNEY ON THIS CASE: () RETAINED () NO ATTORNEY

DEFENSE ATTORNEY S NAME & ADDRESS: _____

EMPLOYMENT

PRESENT EMPLOYER: _____

ADDRESS: _____

PHONE NO: _____ DATE EMPLOYED: _____

SALARY: _____ OCCUPATION: _____

OTHER SOURCES OF INCOME: _____

PREVIOUS CRIMINAL/TRAFFIC RECORD

****IF NONE, STATE NONE - DO NOT LEAVE BLANK****

Please state ALL TRAFFIC/CRIMINAL offenses for which you have been arrested or charged at any time and in any jurisdiction. You must include prior Diversions in this section.

<u>OFFENSE</u>	<u>WHEN</u>	<u>WHERE</u>	<u>DISPOSITION</u>

LIST WHAT YOU ARE CURRENTLY CHARGED WITH IN CHASE COUNTY DISTRICT COURT - (THE REASON YOU ARE APPLYING FOR DIVERSION).

PERSONAL REFERENCE

NAME: _____ PHONE NO.: _____

ADDRESS: _____

RELATION TO DEFENDANT: _____

****IF NOT A U.S. CITIZEN****

****APPLICANT MUST PROVIDE THIS OFFICE WITH A COPY OF YOUR VALID PASSPORT (AND/OR) A COPY OF YOUR I-551 (ALIEN REGISTRATION CARD) AND/OR A COPY OF YOUR I-695 (TEMPORARY RESIDENCE CARD)****

I hereby authorize the County Attorney's Office to release any information in the County Attorney's file pertaining to the offense(s) for which I am charged, to any Mental Health Center, the Department of SRS, and any investigating Law Enforcement Agencies, or any other such person or agencies for use in determining whether I am a suitable candidate for Diversion. I further authorize any person, agency, or organization to release and provide, upon request, any information to the office of the County Attorney, in consideration of any application for Diversion, regarding any traffic/criminal history record checks.

I further authorize any person, agency, or organization that is conducting an evaluation or treatment as part of the diversion application or the diversion agreement to release information to any other person, agency, or organization as needed for the evaluation or treatment process.

A false answer to any questions in this application may be grounds for recommendation against placement into this program or removal after placement in the program, in which case, the County Attorney will resume prosecution on the original charges and/or prosecution for falsifying this application.

APPLICANT'S SIGNATURE

DATED: