

Chase County

William T. North
1950 - 2014

OFFICE OF THE
COUNTY ATTORNEY

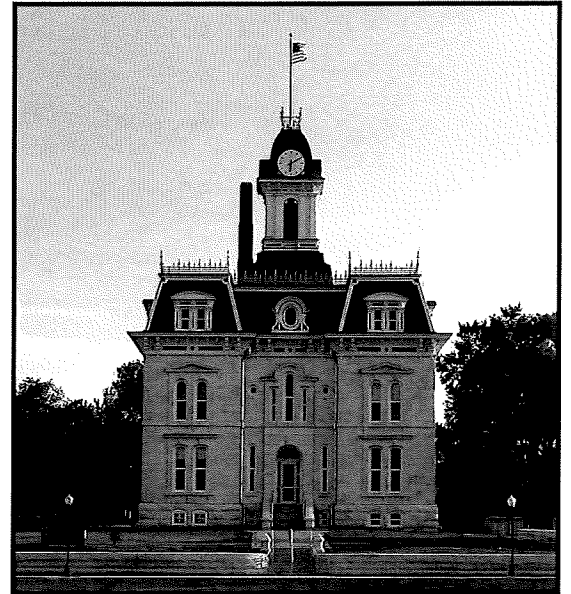
P.O. Box 637

Cottonwood Falls, Kansas 66845

620-273-6359

FAX: 620-273-6565

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 of acceptance 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/her actions and to continue with a clean slate.

The Diversion Coordinator will request a local record check, KBI check and/or driving record to help determine if acceptance into the program will be granted. Out-of-state drivers will need to request their driving record from their state DMV office and include all pages with the application.

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 period of time, as specified by 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 may 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 of the original charges will be sought.

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

APPLICATION FOR DIVERSION

TODAY'S DATE: _____ CASE NO: _____

HEARING DATE SET ON: _____

NAME: _____

A/K/A (s): _____

FULL MAILING ADDRESS: _____

PHONE NO: _____ EMAIL: _____

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

SOCIAL SECURITY NUMBER: _____

PLACE OF BIRTH: _____

LENGTH OF RESIDENCE IN THE UNITED STATES: _____

DRIVERS LICENSE STATE: _____ NUMBER: _____

DO YOU HAVE A CDL: NO _____ YES _____ CDL#: _____

CONTACT IN CASE OF EMERGENCY: _____

PHONE NO: _____ ADDRESS: _____

RELATION TO DEFENDANT: _____

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

IF RETAINED, 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 any jurisdiction. You must include prior Diversions in this section.

OFFENSE	DATE	WHERE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 statement to any questions on this application may be ground 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

DATE