

Do not write in this box-For office use only			
Date			
Approved		Denied	
Comments:			

**CITY OF SALINA - MUNICIPAL COURT
APPLICATION FOR DIVERSION**

Do not write in this box-For office use only			
Verified by Prosecutor's Office			
Application Fee + Court Costs			
\$125	\$200	\$25	
Date Paid			
Total Amount			

- Type of Diversion:**
- Criminal Domestic Battery DUI
- Theft MIP/MIC Restricted DL
- Possession of Marijuana/Possession of Drug Paraphernalia

PERSONAL INFORMATION:

Name: _____ Case No. _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

DOB: _____ Place of birth: _____ Race: _____ Sex: _____

Social Security No. _____ Driver's License No. _____

EDUCATION:

- Have you completed high school? Yes. When and where? _____
 No. Last grade completed. _____
When and where? _____
Do you have a GED? Yes. No.
- Have you had any vocational training? Yes. When and where? _____
 No.
- Have you attended college? _____
 Yes. When, where and course of study _____
Date of graduation or expected date. _____
 No.

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

<u>Employer</u>	<u>Date of Employment</u>	<u>Reason for Leaving</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY HISTORY: (Do not leave blank – enter N/A if you do not have information to list.)

- Are you currently married? Yes Name of spouse (maiden name) _____
 No
 - Number of prior marriages _____ List names of prior spouses _____

 - List the name, age, and address of all children.
- | <u>Name</u> | <u>Age</u> | <u>Address</u> |
|-------------|------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

MEDICAL HISTORY:

- 1. Have you participated in psychiatric/psychological treatment or counseling?
 Yes Date, place and length of treatment _____

- No _____

- 2. Have you participated in treatment or counseling for alcohol abuse?
 Yes Date, place and length of treatment _____

- No _____

- 3. Have you participated in drug treatment or counseling?
 Yes Date, place and length of treatment _____

- No _____

LEGAL HISTORY:

- 1. Do you have an attorney representing you?
 Yes. Name and address of your attorney _____
 No. I am representing myself.

2. **Do not leave blank – enter N/A if you do not have any information to list.** List all prior **traffic or criminal convictions** by date and place.

<u>Date</u>	<u>Place</u>	<u>Description of Charge</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. **Do not leave blank – enter N/A if you do not have any information to list.** List all prior **traffic or criminal diversions** by date and place.

<u>Date</u>	<u>Place</u>	<u>Description of Charge</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 4. Are you currently on probation or parole?
 Yes. When, where, and charge. _____
Who is the supervising officer? _____
- No.

- 5. Do you currently have traffic or criminal charges pending against you *other than this case*?
 Yes. Charge, place and case number _____

- No.

- 6. Do you currently owe fines to any court? Yes. List amount and court _____
 No.

DUI CASE ONLY

- 1. Have you ever been diverted for DUI or convicted of a DUI? Yes. No.
- 2. Were you involved in an injury accident? Yes. No.
- 3. Did you refuse a breath test or blood test? Yes. No.
- 4. Were the results of your test greater than .20? Yes. No.
- 5. On the date of your arrest, did you have a commercial driver's license (CDL)? Yes. No.

Note: If you answered "Yes" to any of these questions, you may not qualify for a diversion.

The City Prosecutor has the right to deny any diversion application. If any information in this application is false, the City Prosecutor will deny the diversion and proceed with prosecution of the case. You may also be subject to further criminal prosecution if this application contains false information. You are also required to update the City Prosecutor's Office of any new arrest or criminal/traffic charge(s) after the completion of this diversion application.

VERIFICATION:

STATE OF KANSAS)
) ss:
 COUNTY OF SALINE)

_____ (name), of lawful age, being duly sworn on his/her oath, states and alleges: That he/she has read this Diversion Application in full; knows the contents of the answers provided therein; and verifies that the information provided herein is true and accurate.

 Defendant/Applicant Signature
Sign in the presence of a Notary

STATE OF KANSAS)
) ss:
 COUNTY OF SALINE)

BE IT REMEMBERED, that on this ____ day of _____, 20____, before me the undersigned, a Notary Public in and for said county and state, 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 written above.

 Notary Public