

BUTLER COUNTY ATTORNEY'S OFFICE
APPLICATION FOR ADULT DIVERSION

APPLICATION WILL NOT BE ACCEPTED WITHOUT PAYMENT OF A \$25.00 NON-REFUNDABLE APPLICATION FEE AT THE TIME OF FILING. MONEY ORDER OR CASHIERS CHECK ONLY. NO EXCEPTIONS! MAKE PAYMENT PAYABLE TO: BUTLER COUNTY ATTORNEY.

Charges filed: _____ Date of Offense _____
Court Date _____ Case _____
Defense Attorney: _____ Address: _____
Telephone: _____

ALL QUESTIONS MUST BE COMPLETE. TYPE OR PRINT CLEARLY.

1. FULL NAME: _____ TELEPHONE: _____

ADDRESS: _____
(Street) (City) (State) (Zip Code)

2. AGE: _____ SEX: _____ RACE: _____ 3. DOB: _____

5. DRIVER'S LICENSE: _____ STATE: _____ CDL: _____

6. HOME TELEPHONE: _____ WORK TELEPHONE: _____

7. MARITAL STATUS: _____ SINGLE _____ MARRIED

8. IF MARRIED SPOUSES NAME: _____

9. CHILDREN'S NAMES/AGES: _____

10. NEAREST CONTACT (Person who would know your whereabouts)

NAME: _____ ADDRESS: _____

TELEPHONE: _____ RELATIONSHIP TO YOU: _____

11. PRESENT EMPLOYER: _____

ADDRESS: _____

PHONE: _____ HOW LONG?: _____ TITLE: _____

HOURLY WAGE: _____ MONTHLY SALARY: _____

12. IF UNEMPLOYED, WHAT IS YOUR SOURCE AND AMOUNT OF INCOME?

SPOUSE: \$ _____ PARENTS: \$ _____ WELFARE: \$ _____

UNEMPLOYMENT: \$ _____ OTHER: (Explain) _____

13. EDUCATION (Name of School):

MIDDLE SCHOOL: _____

HIGH SCHOOL: _____ GRADUATE?: _____

COLLEGE _____ YEARS COMPLETED _____

DEGREE: _____ VO-TECH: _____

14. MILITARY: _____ BRANCH OF SERVICE _____

DATE OF DISCHARGE _____ TYPE OF DISCHARGE _____

15. PSHCYOLOGICAL COUNSELING/TREATMENT: (List any you have received in the last 5 years. Describe the kind of counseling/treatment and the location and date of service):

16. DRUG TREATMENT/COUNSELING: (Have you ever participated in drug/alcohol treatment or counseling? If yes, when, where and reason.)

17. PREVIOUS CRIMINAL ARRESTS/CONVICTIONS OR DIVERSIONS:

(Have you ever been detained, arrested or charged with any offense of the law?

List **ALL** arrests (even if no charges filed.) Include any Convictions, Diversions or Deferred Prosecutions including Juvenile Offenses.)

OFFENSE:	YEAR/STATE	CONVICTION?
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18. TRAFFIC OFFENSE CONVICTIONS or TRAFFIC DIVERSIONS: (Within last 5 years):

OFFENSE:	YEAR/STATE	CONVICTION?
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19. DO YOU HAVE ANY TRAFFIC CITATIONS OR CRIMINAL CHARGES PENDING IN KANSAS OR ANY OTHER CITY, COUNTY OR STATE? _____ Yes/No

If yes, Where? _____

20. VEHICLE INSURANCE INFORMATION:

COMPANY: _____ POLICY NO: _____

AGENT'S NAME: _____ TELEPHONE NO.: _____

21. Explain why you believe you would successfully complete the Diversion Program:

I hereby apply for status as a participant in the Diversion Program. I request that the Butler County Attorney temporarily delay trial proceedings against me in order to permit the County Attorney's consideration of this application. I agree that any time taken to consider this application and the rescheduling for trial, should I be denied, will be assessed against me in determining my right to a Speedy Trial. I understand that the final decision to commence trial proceedings or to defer prosecution in my case rests entirely with the Butler County Attorney.

I authorize the Diversion Coordinator to conduct an investigation to determine suitability for this program. I understand that any information furnished or authorized by me, to be given to the Diversion Coordinator in connection with this investigation, will be kept confidential.

I understand that a false answer to any question in this application, or withholding information requested, may be grounds for recommendation against placement into this program or removal after placement in the program, in which case, the Butler County Attorney will resume prosecution of the original charges. I also understand that the Butler County Attorney may file additional criminal charges against me if I give any false information in this application.

DATE

APPLICANT