

FOR OFFICE USE ONLY

CASE #: _____

CHARGE(S): _____

APPLICATION DATE: _____

CONFERENCE DATE: _____

DV ASSESSMENT PROVIDER _____

SUBSTANCE ABUSE EVALUATOR _____

DEFENDANT'S ATTORNEY _____

**YOU MUST ANSWER ALL QUESTIONS OR THE
APPLICATION WILL NOT BE ACCEPTED****MONTGOMERY COUNTY ATTORNEY'S OFFICE
APPLICATION FOR ADULT DIVERSION**

1. NAME _____ AGE: _____

ADDRESS _____ PHONE: _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH ____/____/____ CITY AND STATE WHERE BORN _____

LAST 4 SSN # _____ MALE ☐ FEMALE ☐ SINGLE ☐ MARRIED ☐

EMAIL _____

IF MARRIED, SPOUSE'S NAME _____

DEPENDENTS _____ AGE _____ AGE _____
_____ AGE _____ AGE _____IF YOU LIVE WITH SOMEONE OTHER THAN PERSON(S) LISTED ABOVE, STATE THE
NAME(S) _____2. **PRESENT JOB:**

EMPLOYER: _____ ADDRESS: _____

JOB TITLE: _____ WORK PHONE: _____

SALARY: _____ PER _____. _____ HOW LONG: _____

UNEMPLOYED ☐ YES**PREVIOUS WORK EXPERIENCE:**

EMPLOYER: _____ ADDRESS: _____

JOB TITLE: _____ WORK PHONE: _____

SALARY: _____ PER _____. _____ HOW LONG: _____

3. **HIGHEST LEVEL OF EDUCATION: (PLEASE MARK ONE)**☐ SOME HIGH SCHOOL ☐ HIGH SCHOOL DIPLOMA☐ SOME COLLEGE ☐ COLLEGE DEGREE (ASSOCIATE'S/BACHELOR'S/MASTER'S)4. **COUNSELING HISTORY: HAVE YOU EVER PARTICIPATED IN THE FOLLOWING:**a. Substance Abuse Counseling/Treatment ☐ NO ☐ YESb. Anger Control/ Batters Intervention ☐ NO ☐ YESc. Mental Health Treatment/ Hospitalized for Mental Illness ☐ NO ☐ YES

Diagnosis _____

If yes to any question above state when, where and reason for attendance or assessment:

5. PREVIOUS CRIMINAL/TRAFFIC OFFENSE RECORD:

Have you ever been arrested as an Adult or Juvenile

No ☐ Yes ☐

Have you ever been charged with a crime or received a citation as an Adult or Juvenile

No ☐ Yes ☐

Have you ever been convicted of a crime as an Adult or Juvenile.

No ☐ Yes ☐

Have you ever had a conviction expunged from your record as an Adult or Juvenile

No ☐ Yes ☐

Have you ever had a case dismissed, diverted or an SIS for a crime as an Adult or Juvenile.

No ☐ Yes ☐

If you answered YES to any questions above you must describe:

<u>OFFENSE</u>	<u>WHEN</u>	<u>WHERE</u>	<u>OUTCOME</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

If you have answered NO to all questions above, you must certify under penalty of perjury that you have no prior criminal record by checking this box ☐

6. STATE IN YOUR OWN WORDS, AND IN DETAIL, THE FACTS OF THE CURRENT CASE WHICH CAUSED CHARGES TO BE FILED:

I declare, verify, certify, or state under the penalty of perjury under the laws of the State of Kansas, that I have personally read or have had read to me the above application for Diversion and responses thereto and that all information contained in the forgoing application for Diversion, including but not limited to my listing of previous criminal record in section 5, is true and correct. I understand that if any of this information is not true and correct, this will be a basis for denial or revocation of Diversion. I agree that if an undisclosed criminal offense or DUI is discovered after Diversion has been granted, a criminal justice report, KBI report, Police Department or Sheriff's Office report, and/or Department of Revenue report may be admitted as evidence in any court, without foundation, to prove prior traffic or criminal offenses for the purpose of revocation of Diversion in this matter.

RELEASE OF INFORMATION

I hereby authorize the County Attorney's Office to release any information in the County Attorney's file pertaining to this offense for which I am charged to Four County Mental Health Center, DCF, and the 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.

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.

Revised 8/2023

Defendant

Date