

OFFICE OF THE LABETTE COUNTY ATTORNEY

Stephen P. Jones, County Attorney
Mandy Johnson, Deputy County Attorney

Attorney's Office

201 South Central, Suite B
Parsons, Kansas 67357
(620) 421-6370

ADULT DIVERSION PROGRAM APPLICATION

Participation in this program is a privilege, not a right, and the final decision to accept you into the program rests solely with the Labette County Attorney's Office. To be considered for participation in the program, you must submit an application and the application fee of \$15.00 in the form of a money order.

Applying for diversion does not relieve you of your responsibility to appear at all court hearings.

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 may request a local record check, KBI check, and/or a 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. Please do not call to ask if certain issues will affect your eligibility for the program; that is the purpose of the application. If there are any violations, a revocation of the diversion may be requested and a conviction on the original charge(s) will be sought.

If there are any questions regarding the Diversion Program, please feel free to contact the Labette County Attorney's Office at 620-421-6370 Ex. 803

Application Process: 1. Obtain Application and ticket with case number. 2. Submit application and fee. At this point you will either receive a Diversion Agreement or a declination letter. Follow the steps listed in the document you receive.

YOU MUST ATTACH A COPY OF YOUR TICKET AND CASE NUMBER

\$15.00 APPLICATION FEE MUST BE ATTACHED

(The Application will not be accepted without the fee)

(Must be a Money Order made out Labette County Treasurer.)

******Our office CANNOT accept Cash or Personal Checks******

TODAY'S DATE: _____ CASE NUMBER: _____ PA or OS

NEXT HEARING DATE: _____

DEFENDANT'S ATTORNEY: _____ RETAINED _____ APPOINTED _____

ATTORNEY'S ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ PHONE NUMBER: _____

APPLICANT INFORMATION

NAME AS IT APPEARS ON TICKET/COMPLAINT: _____
OTHER NAMES USED: _____
ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
PHONE NUMBER: _____ HOME__ CELL__
ALTERNATE PHONE NUMBER: _____ HOME__ CELL__
LENGTH OF RESIDENCE IN UNITED STATES: _____
SOCIAL SECURITY NUMBER: _____
DRIVER'S LICENSE NUMBER: _____ STATE: _____
DOB: _____ AGE: _____ RACE: _____ SEX: _____
PLACE OF BIRTH: _____
DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE (CDL) YES__ NO__
IF YES, CDL # _____ Were you operating a commercial vehicle when ticketed? YES__ NO__

EMPLOYMENT HISTORY

Start with most recent or current employer

EMPLOYER: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____
DATES EMPLOYED: _____ to _____ SALARY: _____
OCCUPATION: _____

EMPLOYER: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____
DATES EMPLOYED: _____ to _____ SALARY: _____
OCCUPATION: _____

PRIOR OFFENSE RECORD

NONE__ JUVENILE__ ADULT__

CRIMINAL OFFENSE CONVICTIONS AND/OR DIVERSIONS:

TRAFFIC OFFENSE CONVICTIONS AND/OR DIVERSIONS:

Are you now, or have you ever, participated in any other Diversion Program? _____

If yes, please state the charge(s), where and when you participated in the Program.

Do you have any pending charges/tickets, in any other city, county or state? _____

If yes, please state the charges/tickets, where and when you were charged. _____

LIST WHAT YOU ARE CURRENTLY CHARGED WITH IN LABETTE COUNTY:

PERSONAL REFERENCES

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE NUMBER: _____ HOME ___ CELL ___

RELATION TO DEFENDANT: _____

IN ALL CASES, YOU MUST FILL OUT THE FOLLOWING SECTION. IN THIS SECTION, PLEASE EXPLAIN WHY YOU SHOULD BE GRANTED A DIVERSION. Please include:

1. The nature of the crime charged and the circumstances surrounding it;
2. Any special characteristics or circumstances of the defendant;
3. Whether the defendant will cooperate with and benefit from diversion.
4. Provisions for restitution; and
5. Any mitigating circumstances.

This office will not offer diversion to people who BELIEVE THEY ARE innocent or are otherwise not responsible for their actions.

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 Dept. of DCF, the Juvenile Justice Authority, 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. Additionally, I affirm that I have read and understood all of the above information and that the information supplied by me is true and accurate.

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.

If your case number ends in OS then please mail or deliver it to the Oswego Office. If it ends in PA, please mail or deliver it to the Parsons Office. If you pay the ticket, then you will have plead guilty to the charges and we cannot proceed with the diversion process. You may request court appointed counsel or retain

counsel at any time. This will not affect the diversion process. This process can take some time to obtain records so it is recommended that application be made well in advance of your next hearing. It is your responsibility to comply and communicate with the Labette County Attorney's Office during this process. If you do not receive any documentation in a timely fashion after submitting your application, please contact the County Attorney's Office.

_____ Dated: _____
Applicant's Signature

_____ Dated: _____
Attorney for the Defendant/Applicant