

CITY OF ABILENE DIVERSION APPLICATION

This form must be completed in its entirety and returned to the City Prosecutor's office at 610 5th Street, Clay Center, KS 67432 to initiate the diversion process.

Today's Date: _____ Court Case Number: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ PHONE: _____ EMAIL: _____

LIST ALL PREVIOUS ADDRESSES FOR THE LAST THREE YEARS:

(Beginning with most recent)

Address _____ City _____ State _____

Address _____ City _____ State _____

Address _____ City _____ State _____

Address _____ City _____ State _____

LIST ANY ALIAS/MAIDEN NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

DRIVER'S LICENSE #: _____ STATE OF ISSUANCE: _____

COMMERCIAL DRIVER'S LICENSE: _____ YES _____ NO

PRESENT EMPLOYER: _____ HOW LONG: _____

TITLE OR POSITION: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ SALARY: \$ _____

SUPERVISOR'S NAME: _____

HIGHEST LEVEL OF EDUCATION COMPLETED: _____

CRIMINAL RECORD (ATTACH ADDITIONAL PAGES IF NECESSARY)

List **ALL** prior or pending offenses, including criminal, traffic and juvenile. Include **ALL** arrests and convictions, even if expunged. Also, list any other diversion programs you have previously participated in.

Date	Offense	Location	Disposition

PLEASE STATE IN DETAIL THE FACTS WHICH CAUSED THE CURRENT CHARGES AGAINST YOU TO BE FILED:

PLEASE STATE IN DETAIL ANY MITIGATING FACTORS CONCERNING THE CURRENT CRIME(S) WITH WHICH YOU ARE CHARGED:

PLEASE EXPLAIN WHY YOU FEEL YOU SHOULD RECEIVE A DIVERSION AND WHETHER YOU COULD SUCCESSFULLY COMPLETE THE DIVERSION PROGRAM:

I have read the foregoing application. All of the information is true and correct. I understand that if any of the foregoing information is not true and correct or if I fail to update any information, this may be the basis for a denial of the diversion or for the revocation of my diversion. I request a continuance of the court date for my case to allow the City Prosecutor time to review my application and obtain the information necessary to determine whether or not a diversion can be granted. I understand that I have a right to a speedy trial and I knowingly and voluntarily waive the right to speedy trial.

Signature of Defendant

Date

-This page for use by the City Prosecutor's office

Date Application Received: _____

Diversion Approved

Cost: _____ Payment Deadline: _____ (14 days)

Diversion Denied

Reason(s): _____
