

**Application for Criminal Pretrial Diversion**

**Office of the Cowley County Attorney  
Larry R. Schwartz, County Attorney**

(For Office Use Only)

Application Fee \_\_\_\_\_

Trial Date \_\_\_\_\_

Date Received \_\_\_\_\_

Case No. \_\_\_\_\_

Prelim. Hearing Date \_\_\_\_\_

**APPLICATION FOR THE CRIMINAL PRETRIAL DIVERSION PROGRAM**

All answers must be complete. After completing the application, please return it to the County Attorney's Office with the \$50.00 non-refundable application fee. Application fee must be in the form of a money order, cashier's check or attorney's trust account check payable to ACowley County Treasure. @ **No cash or personal checks will be accepted!**

NOTE: This application must be completed and returned, by mail or in person, to the County Attorney's Office prior to the first Preliminary Hearing date if the case is a felony or within thirty (30) days of arraignment if the case is a misdemeanor or it will not be considered.

**THE DISTRICT COURT OF COWLEY COUNTY, KANSAS  
NINETEENTH JUDICIAL DISTRICT**

STATE OF KANSAS,  
Plaintiff,

vs.

Case No. \_\_\_\_\_

\_\_\_\_\_  
Defendant.

1. Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
(last) (first) (middle)

Maiden name or other names used  
\_\_\_\_\_

Address  
\_\_\_\_\_

\_\_\_\_\_ (street) (city) (state) (zip)

Who do you live with  
\_\_\_\_\_

\_\_\_\_\_ (name) (relationship)

How long have you lived at this address \_\_\_\_\_

2. Age \_\_\_\_\_ 3. Date of birth \_\_\_\_\_ 4. Race \_\_\_\_\_ 5. Sex \_\_\_\_\_

6. City and state where born \_\_\_\_\_

7. In what other cities and states have you lived?

City

State

Dates lived there

8. Social Security No. \_\_\_\_\_ 9. Drivers License No. \_\_\_\_\_ State \_\_\_\_\_

10. Marital Status \_\_\_\_\_ Spouse=s name \_\_\_\_\_

Spouse's employment \_\_\_\_\_ Spouse=s age \_\_\_\_\_

11. Number of minor dependants \_\_\_\_\_

Name of Dependant

Relationship

Age

12. Education and vocational training (include high school or highest grade completed if not high school graduate, as well as education beyond high school)

Name of School

Location

Dates Attended

Grade or Degree

13. Have you been in the military? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, branch served in \_\_\_\_\_; Type of Discharge/Date \_\_\_\_\_

14. Nearest Contact

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

15. Defense Attorney

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

16. Present Employment

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Date of hire \_\_\_\_\_ Occupation \_\_\_\_\_

Salary \_\_\_\_\_

17. Employment History

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Dates employed \_\_\_\_\_ to \_\_\_\_\_ Occupation \_\_\_\_\_

Reason left \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Dates employed \_\_\_\_\_ to \_\_\_\_\_ Occupation \_\_\_\_\_

Reason left \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Dates employed \_\_\_\_\_ to \_\_\_\_\_ Occupation \_\_\_\_\_

Reason left \_\_\_\_\_

18. Present Income Sources

Defendant's employment: \$ \_\_\_\_\_ / month

Spouse's employment: \$ \_\_\_\_\_ /month

Unemployment compensation: \$ \_\_\_\_\_ /month

Public assistance: \$ \_\_\_\_\_/month

Other income: \$ \_\_\_\_\_/month

(If other income, please indicate source, parents, relatives, friends, etc.)

19. Prior Traffic Offense Record (List all juvenile and adult incidents, arrests, citations, orders to appear, prosecutions, convictions, expungements or deferred prosecution agreements in Kansas or any other states, including those not resulting in formal charges or convictions. Include date of incident, agency involved, charge and disposition.)

20. Prior Criminal Offense Record (List all juvenile and adult incidents, arrests, citations, orders to appear, prosecutions, convictions, expungements or deferred prosecution agreements in Kansas or any other states, including those not resulting in formal charges or convictions. Include date of incident, agency involved, charge and disposition.)

21. Personal References (Letters of personal reference may be attached)

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Defendant \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Defendant \_\_\_\_\_

22. Have you ever received or attended counseling or treatment for an alcohol, drug, emotional or psychological problem or disorder? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state when, where and reason for attendance:

I hereby apply for status as a participant in the Diversion Program and request that the County Attorney temporarily delay trial against me in order to permit consideration of this application. I understand that it is my responsibility to submit a diversion application in a prompt and timely fashion and within the guidelines set by the County Attorney and that it will be my responsibility to seek any continuance or waiver of the jury trial in order to provide the necessary time for my diversion application to receive a full and complete review by the County Attorney=s Office. I understand that if the County Attorney=s Office is required to make a decision concerning my application prior to the Office having the opportunity to make a full and complete review, my application request will be denied. I further understand that the final decision to commence criminal proceedings or to defer prosecution in my case rests entirely with the County Attorney.

I authorize the County Attorney=s Office to conduct an investigation to determine my suitability for this program. I understand that any information provided by me or authorized to be released by me to the County Attorney=s Office will be kept confidential.

A false answer to or omission of any question in this application shall be grounds for recommendation against placement into this program or removal from the program after placement. I understand that the County Attorney will then resume prosecution of the original charge(s).

I understand and agree that in the event it is learned I have falsified or omitted any part of the Application for Diversion, including, but not limited to, my listing of prior traffic and criminal offenses, it shall be considered a violation of my Pre-trial Diversion Agreement and I may be removed from the Diversion Program. I agree that a criminal justice report, including, but not limited to, a Department of Justice report, KBI report, Police Department and/or Sheriff=s Department report, and/or a Department of Revenue report, may be admitted as evidence in any court, without foundation, to prove prior traffic or criminal offenses.

I understand that failure to respond to any question will render this application incomplete and that the County Attorney=s Office will not consider the application.

I declare (or verify, certify or state) under 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 the Pre-trial Diversion Program is true and correct.

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Applicant's Signature

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Date

I authorize the County Attorney=s Office to conduct a background check of my past employment record and I authorize my present and previous employers to furnish the County Attorney=s Office with any information they request. I further authorize the County Attorney=s Office to contact my liability insurance carrier and authorize them to release information.

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Applicant's Signature

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Date

I authorize the County Attorney=s Office to release all records in their possession, including, but not limited to, criminal history information and investigation reports to the Diversion Committee, or any other evaluating agency which may participate in evaluating me during my application process.

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Applicant's Signature

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Date