

For 1st time DUI Applicants: The \$150.00 fee for the evaluation must be paid to the County Attorney's Office upon submitting your Agreement. If paying by check; please make check payable to: Southeast Kansas Mental Health Center. IT IS YOUR RESPONSIBILITY TO KEEP IN CONTACT WITH THIS OFFICE REGARDING YOUR DIVERSION NOT DOING SO COULD RESULT IN YOUR LICENSE BEING SUSPENDED!

IN THE DISTRICT COURT OF WOODSON COUNTY, KANSAS

STATE OF KANSAS,)	
Plaintiff,)	
)	
v.)	Case No. _____
)	
_____,)	
Defendant.)	
_____)	

DIVERSION APPLICATION

1. Name: _____
First Middle Last

- Any alias used in the last five years: _____

2. Address: _____
Street City State Zip

3. Telephone Numbers: _____
Home Work

4. Length of residence at given address: _____

5. Previous address: _____
Street City State Zip

6. Social Security Number: _____

7. Race: _____ Sex: _____ Date of Birth: _____

8. Date of Offense: _____

9. Charge(s) filed against you: _____

10. Traffic cases, list arresting officer: _____

11. Driver's license state and number: _____

Do you have a CDL? Yes No

12. Employment (list current and previous employers and dates with each):

13. List the name and address of your immediate family: _____

14. List your medical history including any mental health treatment or counseling: _____

15. List any alcohol/drug treatment programs and dates of attendance:

16. List general information of your present financial status. Please attach pay stubs for the last month.

a. Employer: _____

b. Length of employment: _____

c. Previous employer: _____

d. Net and Gross Pay: _____

e. Paid period: _____

f. Monthly payments owed: _____

g. Total indebtedness: _____

17. List any incidence where you were arrested, charged or convicted of crimes whether felony, misdemeanor or traffic. List the city and state of the incident and result of the incident: _____

18. Why should you be granted a diversion: _____

19. What will prevent you from being charged with a similar offense in the future: _____

_____, Defendant