

For 1st time DUI Applicants: The \$150.00 fee for the evaluation must be paid to the County Attorney's Office upon submitting your application for diversion. If paying by check, please make check payable to: Southeast Kansas Mental Health Center or provider of your choice.

IN THE DISTRICT COURT OF ALLEN COUNTY, KANSAS

STATE OF KANSAS,)
Plaintiff,)
v.)
_____,)
Defendant.)

Case No. _____

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 not need to fill out questions 14- 16 for speeding diversions)

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. DO NOT SEND PAYMENT NOW.

If you are accepted we will send you a diversion agreement with instruction on payment method.

, Defendant