

FOR OFFICE USE ONLY

CASE # _____

CHARGES _____

DATE APPLICATION RECEIVED _____

DV ASSESSMENT PROVIDER _____

(DV CASES ONLY)

BIP/AC PROVIDER _____

SUBSTANCE USE PROVIDER _____

DEFENDANT'S ATTORNEY _____

Pro se _____

**OFFICE OF THE LINN COUNTY ATTORNEY
JAMES BRUN COUNTY ATTORNEY
APPLICATION FOR ADULT DIVERSION**

1. NAME _____ AGE: _____

ADDRESS _____ TEL. # _____ EMAIL _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH ____/____/____ CITY AND STATE WHERE BORN _____

SOCIAL SECURITY # ____-____-____

MALE _____ FEMALE _____ SINGLE _____ MARRIED _____

IF MARRIED, SPOUSE'S NAME _____

DEPENDENTS _____ AGE _____ AGE _____
_____ AGE _____ AGE _____

IF YOU LIVE WITH SOMEONE OTHER THAN PERSON(S) LISTED ABOVE, STATE THE NAME(S)

2. Unemployed ___ Yes ___ No

PRESENT JOB:

EMPLOYER: _____ ADDRESS: _____

JOB TITLE: _____ WORK PHONE: _____

SALARY: _____ PER _____ HOW LONG: _____

PREVIOUS WORK EXPERIENCE:

EMPLOYER: _____ ADDRESS: _____

JOB TITLE: _____ WORK PHONE: _____

SALARY: _____ PER _____ HOW LONG: _____

EMPLOYER: _____ ADDRESS: _____

JOB TITLE: _____ WORK PHONE: _____

SALARY: _____ PER _____ HOW LONG: _____

3. **EDUCATIONAL BACKGROUND:** ELEMENTARY: _____ JUNIOR HIGH: _____

HIGHSCHOOL _____ GRADUATE: _____

COLLEGE: _____ HIGHEST YEAR ACHIEVED: _____

4. **COUNSELING HISTORY: Have you ever participated in the following:**

a. Substance Abuse Counseling/Treatment ___ No ___ Yes

b. Anger Control/Batterers Intervention ___ No ___ Yes

c. Mental Health Treatment/Hospitalized for Mental Illness ___ No ___ Yes

What is your diagnosis _____

If yes to any question above state when, where and reason for attendance or assessment:

YOU MUST ANSWER ALL QUESTIONS OR YOUR DIVERSION APPLICATION WILL NOT BE ACCEPTED.

5. PREVIOUS CRIMINAL/TRAFFIC OFFENSE RECORD:

Have you ever been arrested as an Adult or Juvenile

No ___ Yes ___

Have you ever been charged with a crime or received a citation as an Adult or Juvenile

No ___ Yes ___

Have you ever been convicted of a crime as an Adult or Juvenile

No ___ Yes ___

Have you ever received diversion or deferred prosecution for a crime as an Adult or Juvenile

No ___ Yes ___

Have you ever had a conviction expunged from your record as an Adult or Juvenile

No ___ Yes ___

If you have answered no to all questions above you **MUST** certify under penalty of perjury that you have no prior criminal record by checking this box []

If you answered yes to any questions above you **MUST** describe:

<u>OFFENSE</u>	<u>WHEN</u>	<u>WHERE</u>	<u>OUTCOME</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. STATE IN YOUR OWN WORDS AND IN DETAIL THE FACTS OF THE CURRENT CASE WHICH CAUSED CHARGES TO BE FILED:

I declare, verify, certify, or state under the 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 Diversion, including but not limited to my listing of previous criminal record in section 5, is true and correct. I understand that if any of this information is not true and correct, this will be a basis for denial or revocation of Diversion. I agree that if an undisclosed criminal offense or DUI is discovered after Diversion has been granted, a criminal justice report, KBI report, Police Department or Sheriff's Office report, and/or Department of Revenue report may be admitted as evidence in any court, without foundation, to prove prior traffic or criminal offenses for the purpose of revocation of Diversion in this matter.

RELEASE OF INFORMATION

I hereby authorize the County Attorney's Office to release any information in the County Attorney's file pertaining to this offense for which I am charged to the Mental Health Center, any Provider of Services found in the diversion agreement or on the County Attorney's Provider List, DCF, and the 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.

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.

Defendant

Date