

Application for Diversion Program

Last Name: _____ First Name: _____ Initial: _____

Street Address: _____

City, State, Zip: _____

E-mail address: _____

Phone Number: _____

Work Number: _____

Social Security Number: _____

Date of Birth: _____

Driver's License Number: _____ DL State: _____

Insurance Company Name (attach insurance card): _____

Citation Number: _____ Date Received: _____

Prior Traffic Offenses (Number of tickets you have received within the past five years): _____

Prior Criminal Offense Record (Number of times arrested or charged with a crime): _____

I hereby apply for status as a participant in the Diversion Program and request that the Barber County Attorney temporarily delay trial against me in order to permit consideration of this application. I understand it is my responsibility to submit a diversion application in a prompt and timely fashion and within the guidelines set by the Barber County Attorney to provide the necessary time for my diversion application to receive a full and complete review by the Barber County Attorney's Office. I understand that the final decision to continue criminal proceedings or to defer prosecution in my case rests entirely with the Barber County Attorney.

I authorize the Barber County Attorney to conduct an investigation to determine my suitability for this program. A false answer or omission of any question in this application shall be grounds for

recommendation against placement into this program or removal after placement in the program, in which case, the Barber County Attorney will resume prosecution on the original charges. 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 Agreement for Pre-Trial Diversion and I may be taken off Diversion. I agree that a criminal justice report, including, but not limited to, a Department of Justice report, KBI report, Police Department or Sheriff's Department report, and/or 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 the application incomplete and the Barber County Attorney's Office will not consider the application.

Please read each statement below, then sign and date each line.

I declare (or verify, or 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 foregoing application for the Pretrial Diversion Program is true and correct.

Applicant's Signature _____

Date _____

I authorize the Barber 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 Barber County Attorney's Office with any information they request. I further authorize the Barber County Attorney's Office to contact my liability insurance carrier and authorize them to release information.

Applicant's Signature _____

Date _____

I authorize the Barber County Attorney's Office to release all records in their possession, including but not limited to, criminal history information and investigation reports to any evaluation agency which may participate in evaluating me in the application process.

Applicant's Signature _____

Date _____