

**OFFICE OF THE CITY ATTORNEY  
APPLICATION FOR DIVERSION**

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
ALL OTHER NAMES (maiden, alias, nicknames)

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
CELL PHONE

\_\_\_\_\_  
WORK PHONE

\_\_\_\_\_  
MESSAGE PHONE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
STATE

CDL:  Yes:  No

\_\_\_\_\_  
HEIGHT

\_\_\_\_\_  
WEIGHT

\_\_\_\_\_  
HAIR COLOR

\_\_\_\_\_  
EYE COLOR

\_\_\_\_\_  
PLACE OF EMPLOYMENT

\_\_\_\_\_  
HOURS/PER WEEK

\_\_\_\_\_  
YEAR HIRED

NEAREST CONTACT (FAMILY MEMBER):

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

Prior Offense Record: (List all criminal or traffic offense convictions or diversions):

Offense	Date of conviction/diversion	Location of Court

1. Have you ever been arrested or cited for any alcohol or drug offense of any kind? \_\_\_\_\_. If yes, please state, the date, where the arrest or citation occurred and the charges.

\_\_\_\_\_  
\_\_\_\_\_

2. Do you have any other traffic citations or any other criminal charges pending in any other city, county or state? \_\_\_\_\_. If yes, please state where and for what charge:

\_\_\_\_\_  
\_\_\_\_\_

3. Are you now in or have you ever participated in a DUI or DWI diversion program? \_\_\_\_\_. If yes, please state where and the effective date of the program. \_\_\_\_\_

4. Have you ever participated in an alcohol and/or drug treatment program or have you ever received any counseling for drug and alcohol? \_\_\_\_\_. If yes, state who provided it and the date(s).

5. Have you ever participated in any psychiatric or psychological treatment or have you ever received any counseling for drug and alcohol? \_\_\_\_\_. If yes, please state who provided it and the date(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. State in your own words why you were arrested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Did you have any children under the age of 14 in the vehicle at the time you were charged with the offense? \_\_\_\_\_. If yes, state the number and ages of the children. \_\_\_\_\_

I hereby apply for consideration for diversion and request that the City Attorney temporarily delay trial proceedings against me in order to permit consideration of this application. I agree that any time taken to consider this application and the rescheduling for trial, should I be denied, will be assigned to me in determining my right to a speedy trial. I understand that the final decision to commence trial proceeding or defer prosecution in my case rests entirely with the City Attorney.

I authorize the City Attorney to conduct an investigation to determine my suitability for this program.

A false answer to any question in this application may be grounds for recommendation against placement in this program or removal after placement in the program in which case the City Attorney will resume prosecution of the original charges.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

Ross L. Albertini  
City Attorney  
112 South 17th  
PO Box 1037  
Parsons, Kansas 67357

(620) 421-7030