

Office of the  
WYANDOTTE COUNTY  
DISTRICT ATTORNEY



DISTRICT ATTORNEY  
Mark A. Dupree, Sr.

29<sup>TH</sup> JUDICIAL DISTRICT OF KANSAS

**Application for Diversion of Criminal Drug Charges**

All answers must be complete. After completing the application below, return it to the Diversion Services Unit. The non-refundable application fee of \$130 is required to be paid to the Clerk of the District Court. You must pay \$30 at the time of submission of the application to the Clerk of the District Court and the remaining \$100 will be paid during the diversion period, if approved. Refer to the policy for drug diversion for specifics regarding eligibility.

**Note:** This application must be completed and returned to the Diversion Services Unit, within thirty (30) days of the first scheduled docket hearing or it will not be considered.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Other names used \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

List all other licenses and the States from which they were issued \_\_\_\_\_

City and State where you were born \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

E-mail \_\_\_\_\_ Contact me by:  Mail or  E-mail

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ How long have you lived at this address? \_\_\_\_\_

Are you a United States Citizen?  Yes  No

If not, are you a foreign national registered with I.C.E.?  Yes  No

Is there currently an ICE Detainer/Hold?  Yes  No

Have you ever received or attended counseling or treatment for any of the following?

Alcohol  Drug  Emotional  Psychological problem or disorder

If yes, state when, where and the reason for attendance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what other cities have you lived?

City \_\_\_\_\_ State \_\_\_\_\_ Dates lived there \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Dates lived there \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Dates lived there \_\_\_\_\_

Marital Status \_\_\_\_\_

If married, spouse's name \_\_\_\_\_

Number of dependents \_\_\_\_\_ Ages \_\_\_\_\_

Do you live with someone other than person(s) listed above?  Yes  No

If yes, state names \_\_\_\_\_

Nearest Contact: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Relation to defendant \_\_\_\_\_

I declare that I am not represented by an attorney in this matter.

Signature (if submitting online, type full name) \_\_\_\_\_

I am represented by an attorney in this matter.

Court Appointed  Retained

Attorney's name \_\_\_\_\_ Phone number \_\_\_\_\_

Educational/vocational training (include high school or highest grade completed):

Name of school                      location                      dates attended                      grade/degree completed

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

Military service  Yes  No                      Branch \_\_\_\_\_

Type of discharge \_\_\_\_\_ Date of discharge \_\_\_\_\_

Present employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

Dates employed \_\_\_\_\_ Salary \_\_\_\_\_

Is your employer aware of the pending charges against you?  Yes  No

**Employment history:** List employment for the past three years. If you need additional space, use a blank sheet of paper.

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**Present sources of income:**

Defendant's employment \$ \_\_\_\_\_ per month

Domestic partner's employment \$ \_\_\_\_\_ per month

Unemployment compensation \$ \_\_\_\_\_ per month

Public assistance \$ \_\_\_\_\_ per month

Child/spousal support \$ \_\_\_\_\_ per month

Other \$ \_\_\_\_\_ per month

If other, indicate source \_\_\_\_\_

Are you presently party to any claim of bankruptcy?  Yes  No

**Prior criminal offense record:** List all juvenile and adult incidents, arrests, citations, orders to appear, prosecutions, convictions, expungements or deferred prosecution agreements in Kansas or other states, even if they did not result formal charges or convictions. Include date of incident, agency, charge and disposition.

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**Explain why you think you could successfully complete the diversion program.**

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I hereby apply for status as a participant in the Diversion Program and request that the District Attorney temporarily delay proceedings 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 District Attorney and that it will be my responsibility to seek any continuance of preliminary hearings or waiver of the jury trial in order to provide the necessary time for my diversion application to receive a full and complete review by the District Attorney's Office. I understand if the District Attorney's Office is required to make a decision concerning my application prior to the Office having an opportunity to make a full and complete review, my application request will be denied. I understand that the final decision to resume criminal proceedings or to defer prosecution in my case rests entirely with the District Attorney.

I understand that providing false or incomplete information in the application may be considered grounds for denying acceptance into the program, or will serve as a basis for revocation of the diversion. I also understand and agree that it is my responsibility to notify the District Attorney if an answer to any question in this application changes prior to the filing of my agreement, as failure to do so may be considered a violation of my agreement for diversion and my diversion may be revoked.

I understand that the District Attorney's Office will conduct an investigation to determine my suitability for this program.

- I authorize the District Attorney's Office to conduct a background check of my past employment record and I authorize my present and previous employers to furnish the District Attorney's Office with any information they request.
- I authorize the District Attorney's Office to release all necessary records in their possession to any other evaluating agency which may participate in evaluating me during the application process.

I understand that any information by me or authorized by me to be furnished to the District Attorney's Office in connection with this investigation will be kept confidential.

I declare 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 of DUI charges and responses thereto and that all information contained in the foregoing application for the diversion program is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_