

Office of the
WYANDOTTE COUNTY
DISTRICT ATTORNEY



DISTRICT ATTORNEY
Mark A. Dupree, Sr.

29TH JUDICIAL DISTRICT OF KANSAS

Application for Diversion of 1st Time DUI Charges

All answers must be complete. After completing the application below, return it to the Diversion Services Unit along with proof that you have paid the application fee. The non-refundable application fee of \$125 must be paid to the Clerk of the District Court. Refer to the policy for diversion of 1st time DUI charges for specifics regarding eligibility.

Note: This application must be completed and returned to the Diversion Services Unit, and application fee paid, 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? _____

In what other cities have you lived?

City _____ State _____ Dates lived there _____

City _____ State _____ Dates lived there _____

City _____ State _____ Dates lived there _____

Are you a United States Citizen? Yes No

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

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.

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

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 _____

Prior Traffic Offense Record: List all juvenile and adult traffic incidents, DUI or DWI arrests, diversions, convictions, expungements or deferred prosecution agreements in Kansas or other states, including those not resulting in formal charges or convictions. Include date of incident, agency, charge and disposition.

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.

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

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 _____