



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

**Application for Veterans Treatment Court (VTC) Diversion/Post-Conviction**

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 \$30 for misdemeanors and felonies must be paid to the Clerk of the District Court. Refer to the policy for diversion of criminal charges for specifics regarding eligibility.

**Note:** This application must be completed and returned to the Diversion Services Unit, and application fee paid, within ninety (90) days of the defendant's first appearance or it will not be considered.

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

Other Names Used: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_  Mail  Email

Contact me by: \_\_\_\_\_

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: \_\_\_\_\_

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Are you a U.S. 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 the persons above:  Yes  No

If yes, enter their names: \_\_\_\_\_

Nearest Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Nearest Contact Address: \_\_\_\_\_

Nearest Contact Relationship to Defendant: \_\_\_\_\_

Defense Attorney: \_\_\_\_\_ Phone #: \_\_\_\_\_

Educational/Vocational training (highest grade completed):

Name of school	Location	Date Attended (MM/YY to MM/YY)	Grade/Degree
_____	_____	_____	_____

Military Service Branch:  Army  Navy  Marines  Air Force  Coast Guard

Military Occupational Specialty/Code: \_\_\_\_\_

Type of Discharge:  Honorable  General  Other than Honorable  Dishonorable

Do you have a copy of your DD214?  Yes  No

Are you currently enrolled in the Veterans Affairs system?  Yes  No

Department of Defense ID # (if known): \_\_\_\_\_

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 criminal offense record:** List all charged (whether convicted or not) adult incidents, arrests, citations, orders to appear, prosecutions, convictions, expungements or deferred prosecution agreements, including DUI's and fleeing to elude, in Kansas and all states. Include date of incident, agency, charge, and disposition:

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Explain why you will succeed in Veterans Treatment Court:

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I hereby apply for status as a participant in the Veterans Treatment Court (VTC) 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 VTC 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 VTC 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 to 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 VTC, or will serve as basis for revocation of the VTC. 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 VTC and the VTC may be revoked.

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

- I authorize the District Attorney's Office to conduct a background check of my past military service record.
- I authorize the U.S. Department of Defense, the U.S. Department of Veterans Affairs, and any other evaluating agency participating in the VTC, to furnish the District Attorney's Office with any and all information the District Attorney's Office requests.
- I authorize the District Attorney's Office to release all necessary records in their possession to the U.S. Department of Defense, the U.S. Department of Veterans Affairs, and any other evaluating agency which may participate in the VTC.

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 VTC and responses thereto and that all information contained in the foregoing application for the VTC is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_