

**NOTIFICATON OF POTTAWATOMIE COUNTY DIVERSON PROGRAM**

You are hereby notified that you will be considered for the Pottawatomie County Diversion program upon filing this Application and payment of the \$10 Diversion Application Fee. Any false or misleading statements on an application for Diversion will bar the application from participation in the Diversion program.

The prosecutor is prohibited from entering into a Diversion Agreement in lieu of being prosecuted for driving under the influence of alcohol and/or drugs if said Defendant has a prior conviction of such an offense or has participated in a Diversion Agreement for such an offense.

If a Defendant is granted a Diversion and successfully completes all requirements of the Diversion Agreement entered into with Pottawatomie County, the case against the Defendant will be dismissed with prejudice.

If the Defendant is granted a Diversion and does not successfully complete all the requirements of the Diversion Agreement entered into with the Pottawatomie County Attorney's office, a Motion to Revoke the Diversion will be filed and/or prosecution will resume on the original charge(s).

In order to be considered for diversion, you must complete this application and return it to our office (P.O. Box 219, Westmoreland, KS 66549), along with the \$10 Application Fee, a minimum of one week prior to the scheduled hearing date to allow sufficient time to prepare the paperwork. **IT IS THE APPLICANT'S RESPONSIBILITY TO MAKE SURE THE COUNTY ATTORNEY'S OFFICE HAS RECEIVED THE APPLICATION.**

**APPLICATION FOR DIVERSION**

**Unless notified, you must still attend your scheduled court date.**

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Alternate Address (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DL#: \_\_\_\_\_

**Name, address & phone number of someone who will ALWAYS know your whereabouts.**

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

**Previous Arrest Record and Criminal Record:**

1. Offense: \_\_\_\_\_ When: \_\_\_\_\_

Where: \_\_\_\_\_ Convicted: \_\_\_\_\_

2. Offense: \_\_\_\_\_ When: \_\_\_\_\_

Where: \_\_\_\_\_ Convicted: \_\_\_\_\_

3. Offense: \_\_\_\_\_ When: \_\_\_\_\_

Where: \_\_\_\_\_ Convicted: \_\_\_\_\_

**Explanation of why you are making application for a Diversion:**

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I agree to and authorize release of police reports and any information available concerning me to an authorized counselor or therapist.

I have read the foregoing application. All the information is true and correct. I understand that if any of the foregoing information is not true and correct, this may be a basis for denial of Diversion or Revocation of Diversion.

\_\_\_\_\_  
DEFENDANT

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My appointment expires:

For Office Staff Use Only

Application Fee Received: \_\_\_Y \_\_\_N Date: \_\_\_\_\_ Method: Cash \_\_\_ CK \_\_\_ M.O. \_\_\_