

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 (cash, cashier's check or money order. **No personal checks accepted**). 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 JUVENILE DIVERSION

Name: _____

Telephone: _____ Guardian/Parent Employ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ Date of Birth: _____

Father's name, address, phone #: _____

Mother's name, address, phone #: _____

School: _____

Grade: _____

PREVIOUS ARREST RECORD AND CRIMINAL RECORD:

1. Offense: _____ When: _____

Where: _____ Adjudicated: _____

2. Offense: _____ When: _____

Where: _____ Adjudicated: _____

Nature and circumstance of the offense(s), including your participation.

If you would prefer to receive correspondence (letters, filed documents, receipts, etc – *excluding* documents requiring signature) via email, please mark the box below and **provide your email address.**

YES! I would like to “Go Green”.

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.

Juvenile

Mother/Guardian

Father/Guardian

Subscribed and sworn to before me this _____ day of _____ 20_____.

My appointment expires:

NOTARY PUBLIC

<u>For Office Staff Use Only</u>			
Application Fee Rec'd:	___Y ___N	Date: _____	Method: Cash ___ CK ___ M.O. ___