

NOTIFICATION OF POTTAWATOMIE COUNTY DIVERSION PROGRAM

You are hereby notified that you will be considered for the Pottawatomie County Diversion program upon filing this Application and payment of a non-refundable \$10.00 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 Respondent has a prior conviction of such an offense or has participated in a Diversion Agreement for such an offense.

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

If the Respondent 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).

This application for diversion must be submitted to the Pottawatomie County Attorney's Office, with the non-refundable \$10.00 application fee within thirty (30) days of the first appearance and/or arraignment before the Court exclusive of Saturdays, Sundays or legal holidays. Applications submitted untimely will likely not be considered. **IT IS THE APPLICANT'S RESPONSIBILITY TO MAKE SURE THE COUNTY ATTORNEY'S OFFICE HAS RECEIVED THE APPLICATION.**

JUVENILE APPLICATION FOR DIVERSION

Name: _____

Home Phone #: _____ Mobile Phone #: _____

Guardian/Parent Phone #: _____ Work Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

DOB: (MM/DD/YY): _____ SSN: _____ DL #: _____

Father's name, address, phone #: _____

Mother's name, address, phone #: _____

School: _____ Grade: _____

PREVIOUS ARREST RECORD AND CRIMINAL RECORD:

1. Offense: _____ When: _____

Where: _____ Adjudicated? YES NO

2. Offense: _____ When: _____

Where: _____ Adjudicated? YES NO

Why should you be considered for the Diversion Program?

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.

**** Your signature must be notarized by a Notary Public; sign in front of the Notary Public ****

Juvenile

Mother/Guardian

Father/Guardian

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

NOTARY PUBLIC

My appointment expires: