



DOUGLAS COUNTY DISTRICT ATTORNEY

Seventh Judicial District
Judicial & Law Enforcement Center
111 E. 11th Street, Unit 100
Lawrence, KS 66044-2912
(785) 841-0211 Fax (785) 832-8202

<https://www.douglascountyks.org/depts/district-attorney>

Suzanne Valdez
District Attorney

Joshua D. Seiden
Deputy District Attorney

DIVERSION PROGRAM APPLICATION

You must complete every blank. If an evaluation is needed, it must be attached or the application will be returned.

Case Number _____ Division _____ Charge(s) _____

Please mark one of the following:

() I am represented by counsel. My attorney's name and information is as follows:

Name of Attorney: _____ Appointed _____ Retained _____

Street Address: _____

City/State: _____ Zip Code: _____ Phone: _____

() I am not represented by counsel at this time.

Next court appearance _____

Name _____ Date of Birth _____

Address _____ Phone _____

City/State _____ Zip _____

Student's home address _____ Home Phone _____

City/State/Zip _____

Sex _____ Social Security # _____ Driver's License # _____

City and State where you were born _____

List all other Cities and States where you have lived:

| <u>City</u> | <u>State</u> | <u>Dates Lived There</u> |
|-------------|--------------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Highest level of education achieved (and year) _____

Educational and vocational training (included high school or highest grade completed if not high school graduate, as well as education beyond high school) _____

Military Service ____ Yes ____ No Branch _____

Type of Discharge _____ Date of Discharge (from active duty) _____

Most Recent Employment _____ Phone _____

Address _____ City/State _____ Zip _____

Job Title _____ Length of employment _____

Medical/Physical History _____

Psychological services received: (list dates and providers) _____

List all offenses for which you have been arrested or charged at any time and in any jurisdiction. Include expunged offenses, juvenile offenses and alcohol related traffic offenses. This section applies even if the charges were dismissed or someone told you the charges would not be on your record. _____

If you were arrested, was a bond posted? Yes _____ No _____ If yes, by whom _____

I hereby apply for status as a participant in the Diversion Program and request that the District Attorney temporarily delay trial 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 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 commence criminal proceedings or to defer prosecution in my case rests entirely with the District Attorney.

I authorize the District Attorney's Office to conduct an investigation to determine suitability for this program. 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.

A false answer to or omission of any question in this application shall be grounds for recommendation against placement into this program or removal after placement in the program, in which case, the District Attorney will resume prosecution on the original charges.

I understand and agree that in the event it is learned I have falsified or omitted any part of the Application for Diversion, including, but not limited to, my listing of prior traffic and criminal offenses, it shall be considered a violation of my Diversion Agreement and I may be taken off Diversion. I agree that a criminal justice report, including, but not limited to, a Department of Justice report, KBI report, Police Department or Sheriff's Department report, and/or Department of Revenue report, may be admitted as evidence in any court, without foundation, to prove prior traffic or criminal offenses.

I understand that failure to respond to any question will render the application incomplete and the District Attorney's Office will not consider the application.

I declare (or verify, certify or state) 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 and responses thereto and that all information contained in the foregoing application for the Diversion Program is true and correct.

Executed on _____
Date

Applicant's Signature

Please transmit the completed application and any supporting documents to dadiversions@douglaskountyks.org.