

OFFICE USE ONLY
Case # _____
Charge(s) _____

Def. Atty: _____

**CHEYENNE COUNTY ATTORNEY'S OFFICE
APPLICATION FOR DIVERSION**

Name _____ Age _____

Address _____ Telephone Number _____

City _____ State _____ ZIP _____

Have you lived at your current residence for at least one year? Yes No Email _____

Date of Birth _____ City and State Where Born _____

Social Security Number _____ Male Female Married Single

EMPLOYMENT HISTORY

Employed? Yes No Retired

PRESENT JOB:

Employer _____ Address _____

Job Title _____ Job Duties _____

Work Phone _____ Start Date _____ Salary \$ _____ / _____

PREVIOUS WORK EXPERIENCE:

(List employment for the past five years beginning with your most recent. If you need additional space attach blank sheets of paper.)

Employer _____ Address _____

Job Title _____ Job Duties _____

Work Phone _____ Start Date _____ End Date _____

Reason for Leaving _____

Employer _____ Address _____

Job Title _____ Job Duties _____

Work Phone _____ Start Date _____ End Date _____

Reason for Leaving _____

MILITARY SERVICE

Have you ever served in the armed forces? Yes No If "Yes," which branch? _____

Type of Discharge _____ Date of Discharge _____

EDUCATIONAL HISTORY

High School Attended _____ City _____

Graduate High School? Yes GED No If No, Highest Grade Completed _____

Attended College? Yes No If Yes, Number of College Credits Earned _____

COUNSELING HISTORY

Prior to this incident, have you ever obtained a drug and/or alcohol evaluation? Yes No

Have you ever participated in substance abuse counseling and/or treatment for drugs and/or alcohol? Yes No

Have you ever participated in anger control and/or Batterers Intervention counseling and/or treatment? Yes No

Have you ever received mental health treatment or been hospitalized for mental illness? Yes No

Do you have a mental health diagnosis? Yes No If Yes, diagnosis: _____

PREVIOUS CRIMINAL AND TRAFFIC RECORD

Have you ever been arrested as an Adult or Juvenile? Yes No

Have you ever been charged with a crime or received a citation (other than a minor traffic infraction) as an Adult or Juvenile? Yes No

Have you ever been convicted of a crime as an Adult? Yes No

Have you ever been adjudicated as a Juvenile Offender or convicted of a crime as a Juvenile? Yes No

Have you ever received diversion or deferred prosecution for a crime as an Adult or Juvenile? Yes No

Have you ever had a conviction expunged from your record as an Adult or Juvenile? Yes No

Do you have any outstanding court fines, restitution, or child support? Yes No

Do you have any pending court cases besides this case? Yes No

If you answered "No" to each of the questions in this section, you must certify under penalty of perjury that you have no prior criminal record by checking this box: .

If you answered "Yes" to any question in this section, describe the offense, when and where it occurred and the outcome:

OFFENSE	DATE	WHERE	OUTCOME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach additional blank sheets of paper if necessary.

CURRENT CHARGES

In your own handwriting, state in detail the facts which caused charges to be filed. Please attach additional pages if necessary. **This section must be completed in the applicant's own handwriting or the application will be returned. If the applicant is unable to complete this section, please attach a statement explaining why.**

If you are under 21 years of age, and the charges include an alcohol violation or resulted from the use of alcohol, complete this section:

Where and how did you obtain the alcohol? _____

Were you required to show identification? Yes No If "Yes," did you use your real identification? Yes No

If you are charged with a DUI or other traffic-related offense, complete this section:

Did you have a valid driver's license at the time of this offense? Yes No

Did you have valid vehicle liability insurance at the time of this offense? Yes No **If "Yes," attach a copy of your proof of liability insurance card that was valid on the date of this offense.**

Did this offense involve a motor vehicle collision? Yes No If "Yes," did any person involved in the collision suffer any injuries? Yes No

Did you complete

RETURN APPLICATION TO: CHEYENNE COUNTY ATTORNEY
109 E. WASHINGTON
PO BOX 762
ST. FRANCIS, KS 67756