

**APPLICATION FOR DIVERSION**

1. Full legal name and any alias used within the last five (5) years.  
\_\_\_\_\_
2. Physical Address: \_\_\_\_\_  
Mailing Address if different from above: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_
3. Length of residence at that address: \_\_\_\_\_
4. Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
5. Social Security No.: \_\_\_\_\_
6. Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ CDL Y/N
7. Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
8. If employed: a) Employer: \_\_\_\_\_  
b) Address: \_\_\_\_\_  
c) Telephone No.: \_\_\_\_\_  
d) Length of Employment: \_\_\_\_\_
9. Date of Ticket or Arrest: \_\_\_\_\_
10. Type of charge or charges against you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. List ***all*** incidents where you were arrested, charged or convicted of crimes whether felony, misdemeanor, or traffic. List the jurisdiction (City/County/State) and date where the incident occurred and the results of the incident:  

<u>CHARGE</u>	<u>CITY/COUNTY/STATE</u>	<u>DATE</u>	<u>RESULTS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
12. Have you ever participated in a diversion in this state or any other state? \_\_\_\_\_  
If so, list the City/County/State and the dates: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Please state in detail the facts which caused the current charges against you to be filed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please state what you believe to be any mitigating factors concerning the crime(s) with which you  
Are charged: : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain why you feel you could successfully complete this Diversion Program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, have read the foregoing application.  
All of 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 the diversion or a revocation of my diversion. I  
request a continuance of the court date for my case to allow the city time to review my application  
and obtain the information necessary to determine whether or not a diversion can be granted. I  
understand that I have a right to a speedy trial and I knowingly and voluntarily waive the right to  
speedy trial.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE RETURN THIS APPLICATION TO THE FOLLOWING ADDRESS:**

Charles F. Moser  
Wallace County Attorney  
113 W. Greeley Ave.  
P.O. Box 429  
Tribune, KS 67879

**THIS APPLICATION WILL NOT BE CONSIDERED IF NOT COMPLETED IN FULL.**