

SEDGWICK MUNICIPAL COURT
511 N. Commercial
Sedgwick, KS 67135



TELEPHONE (316) 772-5151
FAX (316) 772-5592

APPLICATION FOR PRE-TRIAL DIVERSION

Diversion fees are \$100, \$25 of which is a non-refundable application fee that must be submitted with the application, with the remaining \$75 due upon signing.

ALL QUESTIONS MUST BE COMPLETED.

FULL NAME RACE SEX DRIVER'S LICENSE NUMBER

ADDRESS CITY STATE ZIP CODE

TELEPHONE DATE OF BIRTH AGE PLACE OF BIRTH

SOCIAL SECURITY NUMBER

EMPLOYMENT HISTORY

PRESENT EMPLOYER ADDRESS

TELEPHONE DATE EMPLOYED JOB TITLE SALARY

SUPERVISOR'S NAME TELEPHONE

List employment history for the last 5 years:

Employer	Dates Employed	Reason for Leaving
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL REFERENCE

NAME ADDRESS

TELEPHONE RELATION TO DEFENDANT

LEGAL HISTORY

1. List name and address of your attorney. If you are representing yourself, please indicate so.

2. Have you ever been convicted of a crime? YES NO
If so, state when, where and charge _____

3. Have you ever had a prior criminal diversion? YES NO
If so, state when, where and charge _____

4. List all prior traffic convictions by date, place, and charge:

5. List all prior traffic diversions by date, place, and charge:

6. Are you currently on probation or parole? YES NO
If so, list when, where, charge and supervising officer:

7. Do you currently have traffic or criminal charges pending against you in another court?
 YES NO If so, list charge, place and case number(s) _____

8. Do you currently owe fines in any court? YES NO
If so, list amount and the court: _____

NEXT OF KIN (WITH A PERMANENT ADDRESS) NOT LIVING WITH YOU:

NAME _____ ADDRESS _____

TELEPHONE _____ RELATION TO DEFENDANT _____

STATE IN YOUR OWN WORDS WHY THE CHARGES AGAINST YOU HAVE BEEN FILED.

I hereby apply for status as a participant in the diversion program and request that the City of Sedgwick Prosecuting Attorney temporarily delays trial against me in order to permit consideration of this application. I understand that the final decision to commence criminal proceedings or to defer prosecution in my case rests entirely with the City Prosecuting Attorney.

I authorize the City of Sedgwick Prosecuting Attorney's office to conduct an investigation to determine my suitability for the program. I understand that any information furnished by me or authorized by me to be furnished to the investigation in connection with its investigation will be kept confidential.

A false answer to any question in this application may be grounds for recommendation against placement into this program, in which case, the Prosecuting Attorney will resume prosecution of the original charges.

Applicant Signature _____ Date _____

I authorize the City Prosecuting Attorney to conduct a background check of my past employment record and I authorize my present and previous employers to furnish the City Attorney with any information they request.

Applicant Signature _____ Date _____