

Phillips County Attorney's Office

Criminal Diversion Program

The diversion program is intended to give a "second chance" to Defendants accused of committing criminal offenses. There is no case where a diversion is guaranteed, and ANY application can be denied for any reason. Please complete the attached application and return with the non-refundable \$25 application fee for MISDEMEANOR charge(s) or \$50 application fee for FELONY charge(s). Applications can be hand delivered to the Phillips County Attorney's Office or mailed to: Phillips Co Attorney's Office

301 State Street, Ste E
Phillipsburg, KS 67661

A diversion is an agreement, authorized under Kansas law, between the Phillips County Attorney and the Defendant, whereby the State of Kansas agrees to stay or defer prosecution of a criminal case for a certain amount of time called the diversion period or term. During this time period, a Defendant is required to obey and perform under certain conditions agreed to in a Diversion Agreement.

During this diversion period, the charge(s) are still on file with the Phillips County District Court, but the criminal action itself is stayed or deferred.

If the diversion period is successfully completed by the Defendant, the State of Kansas will agree to dismiss the charge(s). The case will be dismissed if, and only if, the Defendant has successfully complied with all terms and conditions required by the diversion agreement. If the Defendant successfully completes all terms and conditions required, the case is dismissed with prejudice once the diversion period ends. However, if a Defendant fails to abide by any and all

the terms and conditions of the diversion agreement or violates any terms and conditions during the diversion period in any way, the Phillips County Attorney reserves the right to make a motion to terminate the diversion.

If a diversion agreement is revoked, prosecution on the charge(s) will resume on a trial to the Court on stipulated facts.

If you have any questions concerning the Diversion Program, please contact the Phillips County Attorney's Office at (785) 543-6820.

Please remember, however, neither the Phillips County Attorney nor the Administrative Assistant can give you ANY legal advice as to what you should do in your case or what is in your best interest. You always have a right to legal counsel. If you have any questions of a legal nature about your case and/or the diversion process, you should consult with a private attorney or contact the Phillips County District Court to see if you qualify for appointed counsel before proceeding.

Phillips County Attorney's Office Application for Criminal Diversion

FOR OFFICE USE ONLY

CASE # _____

APPLICATION DATE: _____

DEFENSE ATTORNEY: _____

Please complete and return with a non-refundable
diversion application fee cash or check made payable to:

Phillips County Attorney's Office
301 State Street, Suite E
Phillipsburg, KS 67661

Felony Diversion Fee \$50
Misdemeanor Diversion Fee \$25

1. PERSONAL INFORMATION

FULL NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS (If different from residential address)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE (home) _____ (cell) _____

EMAIL ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

DRIVER'S LICENSE # _____ STATE _____ CDL: YES or NO

1. PARENTAL INFORMATION

** If you are under the age of 18, please list your parent or guardian information.

MOTHER (Name, Address, Daytime Phone)

FATHER (Name, Address, Daytime Phone)

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2. EDUCATION

SCHOOL NAME and/or HIGHEST GRADE COMPLETED:

COLLEGE or VOCATIONAL SCHOOL: YES or NO, If YES, state school and area of study:

MILITARY SERVICE: YES or NO
(If yes, state Branch, Dates of Service, & Date of Discharge)

3. EMPLOYMENT

PRESENT JOB/OCCUPATION: _____

BUSINESS/EMPLOYER: _____

BUSINESS ADDRESS: _____

SUPERVISER'S NAME: _____

TELEPHONE NUMBER: _____

SALARY or HOURLY WAGE: _____

HOURS WORKED PER WEEK: _____

EMPLOYMENT HISTORY: (all employment within the past three years)

Name of Employer: _____

ADDRESS: _____

DATES EMPLOYED: From _____ To _____

OCCUPATION: _____ REASON FOR LEAVING: _____

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Name of Employer: _____

ADDRESS: _____

DATES EMPLOYED: From _____ To _____

OCCUPATION: _____ REASON FOR LEAVING: _____

Name of Employer: _____

ADDRESS: _____

DATES EMPLOYED: From _____ To _____

OCCUPATION: _____ REASON FOR LEAVING: _____

PLEASE MARK IF THE FOLLOWING APPLIES TO YOU:

_____ Social Security is my only source of income

_____ Unemployed/Disabled

_____ Unemployed/ Not Working/ No Income

4. PRIOR AND CURRENT CRIMINAL OFFENSE RECORD: (If none, state none)

Please state all juvenile & adult criminal incidents, DUI arrests, Diversions, Deferred prosecutions, convictions & expungements in Kansas or other states including those not resulting in formal charges or convictions.

<u>OFFENSE</u>	<u>LOCATION</u>	<u>DATE</u>	<u>OUTCOME</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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HAVE YOU BEEN GRANTED A DIVERSION BEFORE? YES_____ NO_____

If YES, state name and location of what county _____

5. Have you ever received or attended counseling or treatment for any of the following?

_____Alcohol

_____Drug

_____Emotional/Psychological problem or disorder

If yes, state when, where and the reason for attendance:

6. State in your own words and in detail the facts of the current case which caused charges to be filed:

7. Explain why you feel you could successfully complete the diversion program:

Phillips County Attorney's Office Application for Criminal Diversion

I, the within named defendant, hereby request that the Phillips County Attorney propose a diversion agreement for myself, and in furtherance of my request I have read and completed the foregoing application. All the information is true and correct. I understand that if any of this information is not true and correct, this may be a basis for denial of diversion or withdrawal of diversion.

Prior to making this application, I have been fully informed of the policies and guidelines of the diversion program adopted by the office of County Attorney. I request that the Court enter an order of general continuance for the period of diversion, and I understand that I will be required to pay the costs of this action if diversion is granted

Dated: _____, 20____.

Defendant's Signature

RELEASE OF INFORMATION

I hereby authorize the Norton County Attorney's Office to release any information in the Phillips County Attorney's file pertaining to this offense for which I am charged to High Plains Mental Health Center, Smoky Hill Foundation, DCF and the investigating law enforcement agencies, or any other such person or agencies, for use in determining whether I am a suitable candidate for diversion. I further authorize any person, agency, or organization to release and provide, upon request, any information to the office of Phillips County Attorney in consideration of any application for diversion.

I further authorize any person, agency or organization that is conducting an evaluation or treatment as part of the diversion application or the diversion agreement to release information to any other person, agency or organization as needed for the evaluation or treatment process.

Dated: _____, 20____

Defendant's Signature