



**CITY OF OLATHE PROSECUTOR’S OFFICE APPLICATION FOR DIVERSION**

This application is to be filled out completely and returned to the Prosecutor’s Office on or before the scheduled diversion appointment.

1) **DEFENDANT INFORMATION:**

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver’s License # \_\_\_\_\_ State \_\_\_\_\_ Is this a CDL? \_\_\_\_\_

Do you currently possess a CDL in any state? \_\_\_\_\_ Have you ever possessed a CDL in any state? \_\_\_\_\_

Highest Level of Education \_\_\_\_\_

2) **EMPLOYMENT INFORMATION:**

Present Job \_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ How Long? \_\_\_\_\_

Salary \_\_\_\_\_ Per \_\_\_\_\_

3) **MENTAL HEALTH HISTORY:** List any current or previous psychiatric and/or psychological treatment received. Please state when and where. If none, state none.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) **PREVIOUS CRIMINAL RECORD:** (Attach additional page, if necessary). If none, state none. Please state all offenses arrested for, state whether diverted or convicted, or if juvenile offenses, how adjudicated. List all alcohol-related traffic offenses. Include any offenses expunged, plea bargained or dismissed. Failure to divulge prior criminal history on this application may result in denial of your diversion application or revocation of your diversion.

<u>Offense</u>	<u>When</u>	<u>Where</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5) **EXPLAIN WHY YOU FEEL YOU COULD SUCCESSFULLY COMPLETE THE DIVERSION PROGRAM.** (To be completed by the defendant in the defendant's own words)

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6) **STATE IN DETAIL THE FACTS WHICH CAUSED CHARGES TO BE FILED.** (To be completed by the defendant in the defendant's own words)

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**I have read the foregoing application. All of the information is true, complete and correct. I understand that if any of the information provided is not true, complete and correct, this may be a basis for denial of diversion or revocation of diversion.**

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date

***RELEASE OF INFORMATION***

I intend to apply to the **City of Olathe City Prosecutor's Office** for diversion in a criminal case in which I am the defendant.

I hereby authorize the City Prosecutor's Office to release any information in the City Prosecutor's file pertaining to the offense for which I am charged to the Department of Social and Rehabilitation Services, 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 persons, agency or organization to release and provide, upon request, any information to the office of the City Prosecutor in consideration of my application for diversion.

I further authorize any person, agency or organization that is conducting an evaluation, education, counseling, or treatment as a part of the diversion application or the Diversion Agreement to release information to any other person, agency or organization as needed or requested for the evaluation, education, counseling or treatment process or for monitoring my compliance.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date