

**MUNICIPAL COURT OF LAKE QUIVIRA, KANSAS**  
**APPLICATION TO ENTER CRIMINAL DIVERSION AGREEMENT**  
**FALSE OR OMITTED INFORMATION IS A BASIS FOR A DENIAL OF YOUR**  
**APPLICATION OR A REOVCATION OF YOUR DIVERSION**

*I understand that this application is offered to me based on a preliminary determination that I appear eligible to apply for the diversion program. I further understand that such determination may change upon information disclosed in this application or any evaluation or for any other lawful reason and at the discretion of the City Prosecutor. If I am required to complete an evaluation as part of this application, I agree to provide such evaluation to the City of Lake Quivira Prosecutor **7 days prior** to the docket by personally emailing or, if represented, having my attorney email the evaluation to [clerk@lakequivira.ks.gov](mailto:clerk@lakequivira.ks.gov)*

1. NAME \_\_\_\_\_ AGE: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_  
EMAIL \_\_\_\_\_  
LIVING WITH PARENTS \_\_\_\_ YES \_\_\_\_ NO IF YES, NAME(S) OF PARENT(S) \_\_\_\_\_  
DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_  
DID YOU HAVE A DRIVER'S LICENSE FROM ANOTHER STATE WITHIN THE LAST FIVE (5) YEARS?  
YES \_\_\_\_ NO \_\_\_\_ IF YES, WHERE \_\_\_\_\_  
DO YOU CURRENTLY HAVE A COMMERCIAL DRIVERS LICENSE? \_\_\_\_ YES \_\_\_\_ NO  
DID YOU HAVE A COMMERCIAL DRIVERS LICENSE ON THE DATE OF ARREST IN THIS CASE?  
\_\_\_\_ YES \_\_\_\_ NO  
IF THE CURRENT CASE FOR WHICH YOU ARE APPLYING FOR DIVERSION IYES I, WAS THERE AN  
ACCIDENT INVOLVED? \_\_\_\_ YES \_\_\_\_ NO  
ARE YOU REPRESENTED BY AN ATTORNEY \_\_\_\_ YES \_\_\_\_ NO  
IF YES, PLEASE PROVIDE: NAME, ADDRESS, PHONE AND EMAIL  
\_\_\_\_\_  
\_\_\_\_\_

2. **PRESENT JOB:**  
EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
SALARY: \_\_\_\_\_ PER \_\_\_\_\_ HOW LONG: \_\_\_\_\_  
**UNEMPLOYED \_\_\_\_ YES**

3. **HIGHEST LEVEL OF EDUCATION: (PLEASE MARK ONE)**  
☐ **SOME HIGH SCHOOL**      ☐ **HIGH SCHOOL DIPLOMA**  
☐ **SOME COLLEGE**      ☐ **COLLEGE DEGREE (ASSOCIATE'S/BACHELOR'S/MASTER'S)**

4. **COUNSELING HISTORY: HAVE YOU EVER PARTICIPATED IN THE FOLLOWING:**

- a. Substance Abuse Counseling/Treatment    ☐ NO    ☐ YES  
b. Anger Control/ Batterers Intervention    ☐ NO    ☐ YES  
c. Mental Health Treatment/ Hospitalized for Mental Illness    ☐ NO    ☐ YES

Diagnosis \_\_\_\_\_

**IF YES TO ANY QUESTION ABOVE STATE WHEN, WHERE AND REASON FOR ATTENDANCE OR ASSESSMENT:**

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5. **PREVIOUS CRIMINAL/TRAFFIC OFFENSE RECORD:**

Have you <u>ever</u> been arrested as an Adult or Juvenile	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Have you <u>ever</u> been charged with a crime or received a citation as an Adult or Juvenile	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Have you <u>ever</u> been convicted of a crime as an Adult or Juvenile.	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Have you <u>ever</u> had a conviction expunged from your record as an Adult or Juvenile	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Have you <u>ever</u> had a case dismissed, diverted or an SIS for a crime as an Adult or Juvenile.	No <input type="checkbox"/>	Yes <input type="checkbox"/>

If you answered YES to any questions above you must describe:

<u>OFFENSE</u>	<u>WHEN</u>	<u>WHERE</u>	<u>OUTCOME</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. **STATE IN YOUR OWN WORDS WHY YOU BELIEVE YOU SHOULD BE GRANTED DIVERSION:**

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**I declare, verify, certify, or state under the penalty of perjury under the laws of the State of Kansas, that I have personally read or have had read to me the above application for Diversion and responses thereto and that all information contained in the forgoing application for Diversion, including but not limited to my listing of previous criminal record in section 5, is true and correct. I understand that if any of this information is not true and correct, this will be a basis for denial or revocation of Diversion. I agree that if an undisclosed criminal offense or DUI is discovered after Diversion has been granted, a criminal justice report, KBI report, Police Department or Sheriff's Office report, and/or Department of Revenue report may be admitted as evidence in any court, without foundation, to prove prior traffic or criminal offenses for the purpose of revocation of Diversion in this matter.**

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Defendant

Date

**RELEASE OF INFORMATION**

I hereby authorize the City of Lake Quivira to release any information in the City of Lake Quivira's file pertaining to this offense for which I am charged to any 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 the District 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.

Revised 8/2024

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Defendant

Date