



FORD COUNTY ATTORNEY'S OFFICE

Kevin B. Salzman, County Attorney

APPLICATION FOR DIVERSION – ADULT

Please complete the following application in its entirety, leaving no question blank. If a question does not apply to you, please write "N/A" or "not applicable." If you need additional space to answer a question, please answer on a separate sheet of paper and attach to this application.

SECTION I – PERSONAL INFORMATION

Today's Date: ____/____/____ Case No: _____

Name: _____
 Last First MI

List any aliases used in the past or present: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Current Street Address: _____

City: _____ State: _____ ZIP Code: _____

How long have you lived at this address? _____

List all former place(s) of residence for the previous five (5) years:

How long have you been a resident of Kansas? _____

Phone Number: (____) _____ - _____ Email: _____

Driver's License and State of Issuance: _____

Are you a citizen of the United States of America? ____ Yes ____ No

If No, please describe your current status in the United States: _____

Are you presently employed? ____ Yes ____ No

Please provide the following information about your present or most recent employer:

Name of Employer: _____

Address: _____ Supervisor: _____

Phone Number: (____) _____ - _____ Length of Employment: _____

Rate of Pay: _____ Type of Work: _____

SECTION II – CRIMINAL HISTORY INFORMATION

Have you ever been placed on diversion, probation, or parole for any offense other than a minor traffic infraction? ____ Yes ____ No

If Yes, please describe the charge, where the charge occurred, the disposition of the charge, and whether you successfully completed diversion, probation, or parole:

SECTION III – SPECIAL CIRCUMSTANCES

Please indicate Yes or No if you are presently or have been:

- In counseling of any type ____ Yes ____ No
- In any form of drug and/or alcohol treatment ____ Yes ____ No
- Experiencing a financial hardship that would make it difficult for you to pay fines, costs, and fees if granted a diversion ____ Yes ____ No
- Experiencing a medical or other condition that would prevent you from completing community service if granted a diversion ____ Yes ____ No

If you answered Yes to any of the above, please explain in detail using a separate sheet of paper and attach to this application.

SECTION IV – SIGNATURE AND ATTESTATION

I do hereby affirm and attest that the information provided above is provided for the purpose of applying for a diversion with the Ford County Attorney’s Office. I understand that providing false or misleading information can result in a denial of my application. I affirm and attest that the answers provided to the questions on this application are true and correct to the best of my knowledge.

Signature

Date

Printed Name

Name of Person Assisting You in Completing This Application