

IN THE MUNICIPAL COURT OF THE CITY OF
SOUTH HUTCHINSON, RENO COUNTY, KANSAS

THE CITY OF SOUTH HUTCHINSON,
Plaintiff,

V. Case # _____

_____,
Defendant,

APPLICATION FOR PRE-TRIAL DUI DIVERSION

COMPLETE INSTRUCTIONS

1. Your answers must be complete, accurate and truthful. Failure to do so could result in the denial of your application or, if diversion is granted, a Motion to Revoke your diversion if application discrepancies are discovered thereafter.
2. In order to be considered for diversion, the \$75.00 non-refundable application fee and this completed application form must be filed with the Municipal Court Clerk, South Hutchinson Municipal Court, 10 East Blanchard, South Hutchinson, KS 67505, on or before your first scheduled pre-trial conference. Applications received thereafter may be declined. Failure to submit the \$75.00 fee and/or your failure to fully complete the Diversion Application form could result in your application being discarded or returned to you. Insufficient funds checks and the like will automatically terminate the diversion process.
3. The granting of diversion must benefit you, the community and must be in the interest of justice. By State law, Diversion may not be granted for certain offenses (second or subsequent DUI; traffic violation of CDL holders, etc.) Diversion is not guaranteed, not automatic and subject to the discretion of the Municipal Court Prosecutor.
4. If the space provided is inadequate, please write on the back of this form or attach additional page(s).

REQUIRED INFORMATION

1. Your full name: _____
2. Your full name at the time the Complaint was issued (if different than above):

3. Other names, nicknames, etc. used by you: _____
4. Male: _____ Female: _____ Race: _____
DOB: _____ Place of Birth: _____

5. Current address: _____

List all other addresses you have had within the previous five (5) years: _____

6. Home telephone number (include your area code): _____

Cell Phone Number: _____

E-Mail Address: _____

7. Driver's License Number: _____ Issuing State: _____

8. Social Security Number: _____

9. If employed, provide the name, address and business telephone number of each employer:

- A. _____
- B. _____
- C. _____

10. List each offense for which you are now applying for diversion, followed by the date you were charged with that offense:

- | | |
|----------|-------------|
| A. _____ | Date: _____ |
| B. _____ | Date: _____ |
| C. _____ | Date: _____ |
| D. _____ | Date: _____ |

11. Prior Traffic Record (List all traffic adjudications / convictions that you have received either as a juvenile or as an adult. With respect to each adjudication / conviction, identify the offense, the date of conviction, court of conviction and the case #.)

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____

12. Criminal Conviction History (List all adjudications / convictions that you have received as a juvenile and/or as an adult. With respect to each adjudication / conviction, provide the name of the offense, the date of conviction, court of conviction and the case number.)

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____

13. Deferred Prosecution (If, as a juvenile or an adult, you have ever been charged with a criminal offense that was dismissed, deferred, suspended or in which diversion was granted, list the name of each offense subject to this disposition, the jurisdiction or court where the offense was charged, the form of disposition, the date this alternate disposition took place and the case number.)

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____

14. If there are other criminal charges, of any form or type, that are pending against you in this or any other jurisdiction, identify each charge, the court or jurisdiction wherein the charge is filed, the current case number of each charge and the status of each charge against you:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____

15. If you have ever been ordered to or voluntarily attended alcohol and/or other drug treatment, counseling and/or you have submitted to at drug / alcohol evaluation, provide the dates of any treatments, counseling and/or evaluations, the names, addresses and telephone numbers of each individual and/or organization/facility that provided the service. If same was Court ordered, provide the name of that Court, the location thereof, the date the treatments, counseling or evaluation was ordered and the applicable case number.

- A. _____
- B. _____
- C. _____
- D. _____

16. With respect to your automobile liability insurance coverage, provide the name and business address of your insurance carrier, your insurance policy number and the insurance coverage dates. You may satisfy this portion of this requirement by attaching a complete and accurate copy of your insurance card, which contains the information requested. Provide the name, address and business telephone number of your automobile insurance agent:

17. Have you ever received a diversion or deferred prosecution for the crime of Driving While Under the Influence of Alcohol or any offense similar to the acts prohibited by K.S.A. 8-1567, in this or any other State? Yes _____ No _____

18. Have you ever been adjudicated as a juvenile or convicted as an adult of the crime of Driving While Under the Influence or any of the acts prohibited by K.S.A. 8-1567, in this or any other State? Yes _____ No _____

19. B.A.T. Level: _____

20. Briefly state, in your words, the facts that led up to the charge(s) now pending against you:

21. If you have retained legal counsel, provide the name, business address and business telephone number of your attorney(ies): _____

AUTHORIZATION / ACKNOWLEDGEMENT

By signing this Application, I am asking the City Prosecutor to enter into a Diversion Agreement with me for the disposition of the charge(s) that I have listed in this Application. I understand and agree that any delays in the prosecution of my case that are the result of this diversion application are charged against me. I understand that the granting of diversion may be subject to certain statutory limitations and in all cases is subject to the discretion of the City Court Prosecutor. I understand that I do not have a right to receive diversion.

I authorize the City Prosecutor, Municipal Court Clerk, South Hutchinson law enforcement officers and agents of the City of South Hutchinson to conduct any and all investigations necessary to determine my suitability for diversion which includes, but not limited to, the authorization to conduct complete and full background checks of my past / current employment record, my criminal history, my juvenile record, my traffic record, my insurance information and any other record or databases which contain information about me that the City Prosecutor may utilize for the purpose of evaluating my suitability for diversion. I promise and agree to pay any and all costs incurred by the City Prosecutor in obtaining information with respect to this Diversion Application and I will assume full responsibility for the direct payment or reimbursement of all investigative fees. Refusal or resistance of any information source to fully and promptly comply with any information requests by the City Prosecutor in relationship to this Diversion Application will result in the termination of the application process and the denial of diversion.

I understand that if I give false, misleading or incomplete answers in the application, diversion will be denied or, if discovered subsequent to diversion, this will provide a basis for the City Prosecutor to petition the Court to terminate my Diversion Agreement and proceed to trial. I understand communications between myself, the City Prosecutor and my counsel, if applicable, for the purposes of the Diversion Application process are, by statute, confidential.

I understand the \$75.00 application fee is nonrefundable whether I am granted diversion or not. I understand if diversion is granted, I will be required to fully satisfy and complete the terms and conditions of the written Diversion Agreement which could include, but not be limited to, the following: payment of a nonrefundable diversion application fee, restitution (if applicable), payment of a diversion processing fee and satisfaction of diversion is granted and I fail to timely satisfy the specific requirements contained with the Diversion Agreement, the Prosecutor has the right to petition the Court to terminate my diversion and proceed to trial. I understand and agree that any delays caused by my diversion application are charged to me. In the event diversion is granted, I understand that I would irrevocably waive and give up any and all speedy trial rights (constitutional, statutory, common law or otherwise) during the period of the Diversion Agreement and, if my diversion is revoked, up until the time of trial.

I hereby declare, verify, certify and state, under penalty of perjury of the laws of the State of Kansas, that I have personally read (or have had read to me if I am unable to read this document) the above Application for diversion and the responses thereto and the information contained in the Application is true, correct, complete and accurate.

Applicant's signature: _____ Date: _____

Attorney's signature (if applicable): _____ Date: _____

NOTE: Persons who do not meet the following guidelines **will not** be considered for the Diversion Program and need not apply:

1. B.A.T. of .199 or below;
2. No passengers under the age of 14 years in the vehicle at the time of offense;
3. Not involved in an injury accident at the time arrested for DUI;
4. No prior criminal or serious traffic convictions within the past **5** years;
5. Not charged with anything other than DUI;
6. Currently employed unless retired or in school;
7. No prior convictions of any alcohol related offenses.