

LYON COUNTY ATTORNEY

MARC GOODMAN

—County Attorney—

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LYON COUNTY COURTHOUSE
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NOTICE—ADULT DIVERSION PROGRAM (PRO SE)

This is to advise you that you may be eligible to participate in the Lyon County Diversion Program. Participation in this program is a privilege, not a right, and the final decision to accept you into the program rests solely with the Lyon County Attorney or a designated representative. To be considered for participation in the program, you must submit an application immediately so that the process may be started in a timely manner.

The intent of this program is to provide a second chance to those who are willing to accept accountability and responsibility for his or her actions and to continue life with a "clean slate."

The Diversion Coordinator will request a local record check, KBI check, and/or a driving record to help determine whether or not acceptance into the program will be granted. If you qualify for the Diversion Program, you will need to follow all terms and conditions set forth in the Diversion Agreement. You will be supervised for a specified period of time through the Lyon County Attorney's Office. You will need to pay as directed, refrain from violating the law and complete all other requirements as ordered.

If there are any violations, a revocation of the diversion will be ordered, therefore, a stipulation and conviction on the original charges will be sought.

If there are any questions regarding the Diversion Program, please feel free to contact Misty Froelich, Lyon County Diversion Coordinator at 620-341-3309.

\$15.00 APPLICATION FEE MUST BE ATTACHED
(The Application will not be accepted without the fee)

APPLICATION FOR ADULT PRE TRIAL DIVERSION (PRO SE)

TODAY'S DATE: _____ CASE NUMBER: _____

NEXT HEARING DATE: _____

APPLICANT INFORMATION

NAME: _____

OTHER NAMES USED: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE NUMBER: _____ HOME CELL

ALTERNATE PHONE NUMBER: _____ HOME CELL

LENGTH OF RESIDENCE IN UNITED STATES: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

DOB: _____ AGE: _____ RACE: _____ SEX: _____

PLACE OF BIRTH: _____

DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE (CDL) YES NO

IF YES, CDL # _____

CONTACT IN CASE OF EMERGENCY:

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE NUMBER: _____ HOME CELL

RELATION TO DEFENDANT: _____

EMPLOYMENT

EMPLOYER: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

DATES EMPLOYED: _____ SALARY: _____

OCCUPATION: _____

PRIOR OFFENSE RECORD

NONE JUVENILE ADULT

CRIMINAL OFFENSE CONVICTIONS AND/OR DIVERSIONS:

TRAFFIC OFFENSE CONVICTIONS AND/OR DIVERSIONS:

Are you now, or have you ever, participated in any other Diversion Program? _____

If yes, please state the charge(s), where and when you participated in the Program.

Do you have any pending charges/tickets, in any other city, county or state? _____

If yes, please state the charges/tickets, where and when you were charged.

LIST WHAT YOU ARE CURRENTLY CHARGED WITH IN LYON COUNTY DISTRICT COURT (The Charges You Appeared/Appearing In Court For)

PERSONAL REFERENCE

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE NUMBER: _____ HOME CELL

RELATION TO DEFENDANT: _____

I hereby authorize the County Attorney's Office to release any information in the County Attorney's file pertaining to the offense(s), for which I am charged, to any Mental Health Center, the Dept. of SRS, and any 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 the County Attorney, in consideration of any application for Diversion, regarding any traffic/criminal history record checks.

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.

A false answer to any questions in this application may be grounds for recommendation against placement into this program or removal after placement in the program, in which case, the County Attorney will resume prosecution on the original charges and/or prosecution for falsifying this application.

Applicant's Signature

Dated: _____