

# LYON COUNTY ATTORNEY

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— County Attorney —

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## NOTICE--JUVENILE DIVERSION PROGRAM

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. This application must be accompanied by a letter stating which of the Diversion criteria you feel apply to you.

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. Further, you must provide either power school information or a copy of your grades and attendance. 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 Jamie Nordmeyer, 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 JUVENILE PRE TRIAL DIVERSION**

TODAY'S DATE: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

NEXT HEARING DATE: \_\_\_\_\_

JUVENILE'S ATTORNEY: \_\_\_\_\_

RETAINED  APPOINTED  NO ATTORNEY

ATTORNEY'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### **APPLICANT INFORMATION**

NAME: \_\_\_\_\_

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: \_\_\_\_\_

### **PARENT INFORMATION**

FATHER'S NAME: \_\_\_\_\_

FATHER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

FATHER'S EMPLOYER: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

MOTHER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

MOTHER'S EMPLOYER: \_\_\_\_\_

PARENT'S MARITAL STATUS:  Single  Divorced  Married  Separated  Widowed

**EDUCATION HISTORY**

*\*\*Must have either Power School information or grades and attendance attached.\*\**

SCHOOLS

LOCATION

GRADE OR DEGREE

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POWER SCHOOL USERNAME: \_\_\_\_\_

POWER SCHOOL PASSWORD: \_\_\_\_\_

**JUVENILE'S EMPLOYMENT HISTORY (IF APPLICABLE)**

PRESENT EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ SALARY: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

**CRIMINAL AND TRAFFIC HISTORY**

CRIMINAL OFFENSE CONVICTIONS AND/OR DIVERSIONS:

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TRAFFIC OFFENSE CONVICTIONS AND/OR DIVERSIONS:

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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.

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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.

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**CURRENT CHARGES**

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**EXPLAIN WHY YOU FEEL THAT YOU SHOULD BE ACCEPTED INTO THE LYON COUNTY DIVERSION PROGRAM.**

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**PERSONAL REFERENCES**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_  HOME  CELL

RELATION TO JUVENILE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_  HOME  CELL

ALTERNATE PHONE NUMBER: \_\_\_\_\_  HOME  CELL

RELATION TO JUVENILE: \_\_\_\_\_

IF THIS IS A FELONY OR MISDEMEANOR CASE, YOUR ATTORNEY MUST PROVIDE A LETTER DESCRIBING WHICH OF THE FOLLOWING CRITERIA FOR DIVERSION YOU MEET.

Elements used to determine if a diversion is in the interests of justice and the benefit to the community and juvenile are:

1. The nature of the crime charged and the circumstances surrounding it;
2. Any special characteristics or circumstances of the juvenile;
3. Whether the juvenile is a first time offender and if the juvenile has previously participated in diversion, according to the certification of the Kansas Bureau of Investigation or the Division of Vehicles of the Department of Revenue;
4. Whether there is a probability that the juvenile will cooperate with and benefit from diversion.
5. Whether the available diversion program is appropriate to the needs of the juvenile;
6. The impact of the diversion of the juvenile upon the community;
7. Recommendations, if any, of the involved law enforcement agency; *(will be determined by County Attorney's Office)*
8. Recommendations, if any of the victim; *(will be determined by County Attorney's Office)*
9. Provisions for restitution; and
10. Any mitigating circumstances.

I hereby apply for status as a participant in the diversion program and request that the County Attorney temporarily delay trial against me in order to permit consideration of this application. I understand that the final decision to commence criminal proceedings or to defer prosecution in my case rests entirely with the County Attorney.

I hereby authorize the County Attorney to conduct a criminal record check, driving record and past employment record and I authorize my present and past employers to furnish the County Attorney's Office with any information they request. I also authorize my current and past teachers and other school staff to release information to the County Attorney's office as they may request. I also authorize the use of my Power School information, if provided, be used by the County Attorney's Office to verify my grades and attendance, and if granted diversion, to monitor my ongoing grades and attendance.

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.

**Diversion application must be signed in order to be considered.**

\_\_\_\_\_  
Juvenile's Signature

DATE: \_\_\_\_\_

\_\_\_\_\_  
Attorney for the Juvenile

DATE: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

DATE: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

DATE: \_\_\_\_\_

**\*The signature of a parent or legal guardian is required even if the Juvenile is currently over the age of 18.**

**\*\*All Juvenile's charged in the State of Kansas are required to be represented by an attorney; no application for diversion will be reviewed without the signature of an attorney.**