

Tonganoxie Municipal Court  
303 S. Bury  
Tonganoxie, KS 66086  
lhuntington@tonganoxie.org



City of Tonganoxie

Tonganoxie City Hall  
526 E. 4<sup>th</sup> Street  
Tonganoxie, KS 66086  
913-845-2620 Ext. 1030

### **Application for Diversion**

**DUI \_\_\_\_\_ or Other Criminal Charges \_\_\_\_\_**

All answers must be complete. After completing the application below, return it to Lindsay Huntington, Tonganoxie Municipal Court. Refer to the policy for diversion of 1<sup>st</sup> time DUI charges for specifics regarding eligibility.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Other names used \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

List all other licenses and the States from which they were issued \_\_\_\_\_

City and State where you were born \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

E-mail \_\_\_\_\_ Contact me by: Mail or E-mail

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ How long have you lived at this address? \_\_\_\_\_

In what other cities have you lived?

City \_\_\_\_\_ State \_\_\_\_\_ Dates lived there \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Dates lived there \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Dates lived there \_\_\_\_\_

Are you a United States Citizen? ☐ Yes ☐ No

If not, are you a foreign national registered with I.C.E? ☐ Yes ☐ No

Marital Status \_\_\_\_\_

If married, spouse's name \_\_\_\_\_

#### **Tonganoxie Municipal Court**

Address: 303 S. Bury, Tonganoxie, Kansas 66086  
Telephone: (913)845-2620 Ext. 1030 \* Fax: (913) 845-9760

Number of dependents \_\_\_\_\_ Ages \_\_\_\_\_

Do you live with someone other than person(s) listed above? ☐ Yes ☐ No

If yes, state names \_\_\_\_\_

Nearest Contact: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Relation to defendant \_\_\_\_\_

☐ I declare that I am not represented by an attorney in this matter.

Signature (if submitting online, type full name) \_\_\_\_\_

☐ I am represented by an attorney in this matter.

Attorney's name \_\_\_\_\_ Phone number \_\_\_\_\_

Educational/vocational training (include high school or highest grade completed):

Name of school          location          dates attended          grade/degree completed

\_\_\_\_\_

Military service ☐ Yes ☐ No          Branch \_\_\_\_\_

Type of discharge \_\_\_\_\_ Date of discharge \_\_\_\_\_

Present employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

Dates employed \_\_\_\_\_ Salary \_\_\_\_\_

Is your employer aware of the pending charges against you? ☐ Yes ☐ No

**Employment history:** List employment for the past three years. If you need additional space, use a blank sheet of paper.

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**Present sources of income:**

Defendant's employment \$ \_\_\_\_\_ per month

Domestic partner's employment \$ \_\_\_\_\_ per month

Unemployment compensation \$ \_\_\_\_\_ per month

Public assistance \$ \_\_\_\_\_ per month

Child/spousal support \$ \_\_\_\_\_ per month

Other \$ \_\_\_\_\_ per month

If other, indicate source \_\_\_\_\_

Are you presently party to any claim of bankruptcy? ☐ Yes ☐ No

Have you ever received or attended counseling or treatment for any of the following?

Alcohol ☐ Drug ☐ Emotional ☐ Psychological problem or disorder ☐

If yes, state when, where and the reason for attendance \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Prior Traffic Offense Record:** List all juvenile and adult traffic incidents, DUI or DWI arrests, diversions, convictions, expungements or deferred prosecution agreements in Kansas or other states, including those not resulting in formal charges or convictions. Include date of incident, agency, charge and disposition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prior criminal offense record:** List all juvenile and adult incidents, arrests, citations, orders to appear, prosecutions, convictions, expungements or deferred prosecution agreements in Kansas or other states, even if they did not result formal charges or convictions. Include date of incident, agency, charge and disposition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain why you think you could successfully complete the diversion program.

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I hereby apply for status as a participant in the Diversion Program and request that the Tonganoxie Municipal Prosecutor temporarily delay proceedings against me in order to permit consideration of this application. I understand it is my responsibility to submit a diversion application in a prompt and timely fashion and within the guidelines set by the Prosecutor and that it will be my responsibility to seek any continuance of preliminary hearings or waiver of the jury trial in order to provide the necessary time for my diversion application to receive a full and complete review by the Tonganoxie Municipal Court. I understand if Tonganoxie Municipal Court is required to make a decision concerning my application prior to the Office having an opportunity to make a full and complete review, my application request will be denied. I understand that the final decision to resume criminal proceedings or to defer prosecution in my case rests entirely with the Prosecutor.

I understand that providing false or incomplete information in the application may be considered grounds for denying acceptance into the program, or will serve as a basis for revocation of the diversion. I also understand and agree that it is my responsibility to notify the Tonganoxie Municipal Court if an answer to any question in this application changes prior to the filing of my agreement, as failure to do so may be considered a violation of my agreement for diversion and my diversion may be revoked.

I understand that Tonganoxie Municipal Court will conduct an investigation to determine my suitability for this program.

- I authorize Tonganoxie Municipal Court to conduct a background check of my past employment record and I authorize my present and previous employers to furnish Tonganoxie Municipal Court with any information they request.
- I authorize Tonganoxie Municipal Court to release all necessary records in their possession to any other evaluating agency which may participate in evaluating me during the application process.

I understand that any information by me or authorized by me to be furnished to Tonganoxie Municipal Court in connection with this investigation will be kept confidential.

I declare under 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 of DUI charges and responses thereto and that all information contained in the foregoing application for the diversion program is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_