

City of Marysville

Before you sign any diversion agreement, you should read it carefully. If you have any questions, you should consult an attorney. Although the City Attorney may discuss the agreement with you, you should keep in mind that he represents the City and is not your lawyer.

APPLICATION FOR DIVERSION

Name: _____ Age: _____ SSN: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Single: __ Married: __ Male: __ Female: __

If married, name of spouse: _____

Dependents: _____ Age: _____ Age: _____

_____ Age: _____ Age: _____

email address: _____

Driver's License Number: _____ Do you have a CDL license? _____

If you had a Driver's license from any other state in last five years, list where:

Current Employer: _____

Address: _____

Job Title: _____ How Long Employed: _____

Education: Highest level completed: _____ School: _____ List any previous psychiatric, psychological treatment, or drug and alcohol treatment you have ever received:

Have you ever been convicted of driving under the influence of alcohol or drugs in any court? _____

If so, what court? _____

Have you ever been on diversion in any court? _____

If so, what court? _____

State all offenses of which you have been convicted. (Include all juvenile and traffic cases as well as felony & misdemeanor convictions.)

OFFENSE	DATE	WHAT COURT

(Attach separate sheet if you need more space to answer any of the above questions.)

Explain why you should be allowed to participate in a diversion program. Include any special circumstances or characteristics, any mitigating circumstances and anything which will assist the prosecutor in determining whether diversion is appropriate in your case.

(Attach separate sheet if necessary.)

I have read the foregoing application. All the information is true and correct. I understand that if any of the foregoing information is not true and correct, this may be a basis for denial of diversion or revocation of diversion and may subject me to other criminal penalties.

Date: _____

Defendant

Return application to:
Aaron P. Westbrook
Marysville City Attorney
916 Broadway, P. O. Box 386
Marysville, KS 66508
apwestbrook.law@gmail.com
OR fax to: 785-562-2124