

## **NOTIFICATION OF POTTAWATOMIE COUNTY DIVERSION PROGRAM**

You are hereby notified that you will be considered for the Pottawatomie County Diversion program upon filing this Application and payment of a non-refundable \$10.00 Diversion Application Fee (cash, cashier's check or money order. **No personal checks accepted**). Any false or misleading statements on an application for Diversion will bar the application from participation in the Diversion program.

The prosecutor is prohibited from entering into a Diversion Agreement in lieu of being prosecuted for driving under the influence of alcohol and/or drugs if said Defendant has a prior conviction of such an offense or has participated in a Diversion Agreement for such an offense.

If a Defendant is granted a Diversion and successfully completes all requirements of the Diversion Agreement entered into with Pottawatomie County, the case against the Defendant will be dismissed with prejudice.

If the Defendant is granted a Diversion and does not successfully complete all the requirements of the Diversion Agreement entered into with the Pottawatomie County Attorney's office, a Motion to Revoke the Diversion will be filed and/or prosecution will resume on the original charge(s).

This application for diversion must be submitted to the Pottawatomie County Attorney's Office, with the non-refundable \$10.00 application fee within thirty (30) days of the first appearance and/or arraignment before the Court exclusive of Saturdays, Sundays or legal holidays. Applications submitted untimely will likely not be considered. **IT IS THE APPLICANT'S RESPONSIBILITY TO MAKE SURE THE COUNTY ATTORNEY'S OFFICE HAS RECEIVED THE APPLICATION.**

## **ADULT APPLICATION FOR DIVERSION**

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Alternate Address (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

DOB: (MM/DD/YY): \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DL#: \_\_\_\_\_

Do you hold or have you previously held a Commercial Driver's License?  YES  NO

If YES, please provide the CDL #: \_\_\_\_\_

Name, address & phone number of someone who will ALWAYS know your whereabouts.

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If you are applying for a diversion in reference to a DUI, have you ever received a diversion for DUI in your lifetime?  YES  NO (Failure to disclose a prior diversion **SHALL** result in the revocation of any granted diversion, resumption of the underlying charge(s) and time being taxed to the defendant for purposes of speedy trial.)

**Previous Arrest Record and Criminal Record:**

1. Offense: \_\_\_\_\_ When: \_\_\_\_\_

Where: \_\_\_\_\_ Convicted: \_\_\_\_\_

2. Offense: \_\_\_\_\_ When: \_\_\_\_\_

Where: \_\_\_\_\_ Convicted: \_\_\_\_\_

3. Offense: \_\_\_\_\_ When: \_\_\_\_\_

Where: \_\_\_\_\_ Convicted: \_\_\_\_\_

**Explanation of why you are making application for a Diversion:** (attach an additional sheet if necessary)

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I agree to and authorize release of police reports and any information available concerning me to an authorized counselor or therapist.

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.

**\*\* Your signature must be notarized by a Notary Public. \*\***

\_\_\_\_\_  
DEFENDANT

**Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
**NOTARY PUBLIC**

**My appointment expires:**