

Lindsborg Municipal Court
101 S. Main • PO Box 70
Lindsborg, KS 67456
Phone: 785-227-3355
Fax: 785-227-4128



Lindsborg City Prosecutor
120 E. Lincoln • PO Box 328
Lindsborg, KS 67456
Phone: 785-227-3632
Fax: 785-227-4341

DIVERSION APPLICATION

Case No. _____ LPD No. _____

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Permanent Address: _____ City: _____ State: _____ Zip _____

DOB: _____ Sex: M/F Height: _____ Weight: _____ DL# _____ CDL: yes/no

SS# _____

Date of Offense: _____ List Charges for this case: _____

List **ALL** pending charges and/or previous convictions from ANY court, any state, during your lifetime:

Have you ever participated in a diversion during your lifetime, if so when and where?

List current employer (name/address/salary):

Monthly income (source/amount): _____

Spouse (name/address): _____

Children (Y/N, ages): _____

Highest grade/Degree/Training: _____

I can complete this diversion because _____

Physical/emotional/mental issues or treatment (past and present): _____

List 2 personal references who can locate you if we can't. (Provide name, address, and phone #.)

1. _____

2. _____

I agree to waive my right to a speedy trial during the time I've requested diversion, submitted an application and am awaiting approval or denial. I understand a false answer/statement on this application will disqualify me from diversion. By signing below I'm verifying I've read the separate diversion policy.

Signature: _____

Date: _____