

Spouse, if applicable (name, address): _____

Children, if applicable (names, ages): _____

Highest Degree/Grade/Training: _____

Explain why you think you can successfully complete this diversion: _____

Please state any mental health diagnoses or treatment (past and present): _____

List 2 personal references who can locate you if we cannot! (name, address, phone and email):

1. _____

2. _____

I acknowledge that I am applying to participate in a diversion and agree to continue my court case while awaiting approval. I authorize the prosecutor to investigate these answers. I understand a false answer will disqualify me from diversion. I understand that I will incur various financial costs if granted a diversion. I further understand that a diversion agreement and stay order will not be filed until an evaluation is received by the Diversion Officer, if one is required. Finally, I understand that the application fee of \$30.00 is non-refundable and this application will not be processed until the application fee is paid.

Defendant Signature

Date Signed

NEXT COURT DATE: Tuesday, _____ @ 1:30 p.m. (Appearance not required if EVALUATION, AGREEMENT and STAY ORDER have ALL been signed, where applicable, and returned to the prosecutor or the Clerk of the Court.)

Contact the City Prosecutor or Court Clerk regarding questions. However, be advised that the City Prosecutor, nor the Court Clerk, can provide legal advice. If you have legal questions, you must seek the advice of an attorney.

Please mail to: Zachary R. Strella, Lindsborg City Prosecutor
120 E. Lincoln, Lindsborg KS 67456