

# ANDOVER MUNICIPAL COURT

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1609 E Central Ave ♦ Andover, Kansas 67002  
Phone: (316)733-4510 ♦ Fax: (316)927-6014  
CourtMail@andoverks.com

I hereby apply for status as a participant in the Diversion Program and request that the City Prosecutor temporarily delay trial against me in order to permit consideration of this application. I understand that the final decision to commence criminal proceedings or to defer prosecution in my case rests entirely with the City Prosecutor.

I authorize the City Prosecutor to conduct an investigation to determine suitability for this program. I understand that any information furnished by me or authorized by me to be furnished to the City Prosecutor in connection with this investigation will be kept confidential.

A false answer to any question in this application may be grounds for recommendation against placement into this program or removal after placement in the program, in which case, the City Prosecutor will resume prosecution of the original charges pursuant to stipulations.

I specifically authorize the City Prosecutor to conduct a check of my employment record and I authorize my present, previous and future employers to furnish the City Prosecutor's Office with any information requested.

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Date

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Applicant

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## City of Andover Diversion Application

(Please Print Legibly)

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Last Name	First Name	Middle Initial
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Street Address	City	State	Zip Code
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Email Address
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Cell / Home Phone	Work Phone
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Date of Birth	Social Security Number
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Driver's License Number	State of Issuance	Highest level of education
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Defense Attorney (If any)	Phone Number
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Name of Spouse (if any)	Phone Number
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Name, age and relationship to you of Dependents (if any)	
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List addresses for all your prior residences over the past three years:

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Street Address	City	State	Zip Code
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Street Address	City	State	Zip Code
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Current Employment:

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Employer	Address
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Job Title	Employed Since	Current Salary
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Please list all prior Juvenile and Adult incidents, arrests, convictions, diversions and/or juvenile adjudications including any offenses expunged, plea-bargained or dismissed. **ALL CRIMINAL HISTORY MUST BE INCLUDED.** Failure to provide accurate criminal history information on this application may result in the denial of your diversion application or the revocation of your diversion.

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Charge(s)	Date of Offense(s)	Court (Location)	Disposition
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Charge(s)	Date of Offense(s)	Court (Location)	Disposition
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Charge(s)	Date of Offense(s)	Court (Location)	Disposition
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1. Do you have any relevant medical history or diagnoses related to the incident or affecting your ability to complete the diversion program?  Yes  No

If yes, please explain: \_\_\_\_\_

2. Are you currently receiving any psychiatric or psychological treatment or counseling, or do you have any mental health diagnoses requiring medication or treatment?  Yes  No

If yes, please explain: \_\_\_\_\_

3. Please state the circumstances which led to the offense with which you are charged and why you believe you should be considered for diversion: \_\_\_\_\_

I have completely read the above application. I declare (or verify, certify or state) under penalty of perjury that the information in this application is true, complete and correct to the best of my knowledge.

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**Signature of Defendant**

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**Date Completed**