# City of Iola Municipal Court

## NOTICE – DIVERSION PROGRAM (ATTORNEY)

This is to advise you that you may be eligible to participate in the City of Iola, Kansas Municipal Diversion Program. Participation in this program is a privilege, not a right, and the final decision to accept you into the program rests solely with the Iola City Attorney or designated representative. To be considered for participation in the program, you must submit an application immediately so that the process may be started in a timely manner.

The intent of this program is to provide a second chance to those who are willing to accept accountability and responsibility for his/her actions and to continue life with a "clean slate".

The Diversion Coordinator will request a local record check, KBI check, and/or a driving record to help determine whether or not acceptance into the program will be granted. If you qualify for the Diversion Program, you will need to follow all terms and conditions set forth in the Diversion Agreement. You will be supervised for a specific period of time through the Iola Municipal Court Clerk's Office. You will need to pay as directed, refrain from violating the law, and complete all other requirements as ordered.

If there are any violations, a revocation of the diversion will be ordered, therefore, a stipulation and conviction on the original charges will be sought.

If there are any questions regarding the Diversion Program, please feel free to contact Wade H. Bowie II, City of Iola Prosecuting Attorney at 620-365-1420 or Denise, Municipal Court Clerk at 620-365-4962.

**$100.00 NON-REFUNDABLE APPLICATION FEE MUST BE ATTACHED**

**(The application will not be accepted without the fee)**

# APPLICATION FOR ADULT PRE TRIAL DIVERSION

TODAY'S DATE:_____ CASE NUMBER:_____

NEXT HEARING DATE:_____

DEFENDANT'S ATTORNEY:_____

☐ RETAINED ☐ APPOINTED

ATTORNEY'S ADDRESS:_____

CITY:_____ ST:_____ ZIP:_____

PHONE NUMBER:_____

## APPLICANT INFORMATION

NAME AS IT APPEARS ON TICKET/COMPLAINT:

_____

OTHER NAMES USED:_____

_____

ADDRESS:_____

CITY:_____ ST:_____ ZIP:_____

PHONE NUMBER:_____ ☐ HOME ☐ CELL

ALTERNATE PHONE NUMBER:_____ ☐ HOME ☐ CELL

LENGTH OF RESIDENCE IN UNITED STATES:_____

SOCIAL SECURITY NUMBER:_____

DRIVER'S LICENSE NUMBER:_____ STATE:_____

DOB:_____ AGE:_____ RACE:_____ SEX:_____

PLACE OF BIRTH:_____

DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE (CDL) ☐ YES ☐ NO

IF YES, CDL #_____

Were you operating a commercial vehicle when ticketed? ☐ YES ☐ NO

CONTACT IN CASE OF EMERGENCY:

NAME:_____

ADDRESS:_____

CITY:_____ ST:_____ ZIP:_____

PHONE NUMBER:_____ ☐ HOME ☐ CELL

ALTERNATE PHONE NUMBER:_____ ☐ HOME ☐ CELL

RELATION TO DEFENDANT:_____

## EMPLOYMENT HISTORY

**Start with most recent employer**

EMPLOYER:_____

ADDRESS:_____

CITY:_____ ST:_____ ZIP:_____

DATES EMPLOYED:_____ SALARY:_____

OCCUPATION:_____

EMPLOYER:_____

ADDRESS:_____

CITY:_____ ST:_____ ZIP:_____

DATES EMPLOYED:_____ SALARY:_____

OCCUPATION:_____

OTHER SOURCES OF INCOME:_____

_____

## PRIOR OFFENSE RECORD

☐ NONE ☐ JUVENILE ☐ ADULT

CRIMINAL OFFENSE CONVICTIONS AND/OR DIVERSIONS:

_____

_____

_____

TRAFFIC OFFENSE CONVICTIONS AND/OR DIVERSIONS:

_____

_____

_____

Are you now, or have you ever, participated in any other Diversion program? _____

If yes, please state the charges(s), where and when you participated in the Program.

_____

_____

_____

Do you have any pending charges/tickets, in any other city, county, or state?_____

If yes, please state the charges/tickets, where and when you were charged.

_____

_____

_____

**LIST WHAT YOU ARE CURRENTLY CHARGED WITH IN IOLA MUNICIPAL COURT (The Charges You Appeared/Appearing In Court For)**

_____

_____

_____

**PERSONAL REFERENCES**

NAME:_____

ADDRESS:_____

CITY:_____ ST:_____ ZIP:_____

PHONE NUMBER:_____ ☐ HOME ☐ CELL

ALTERNATE PHONE NUMBER:_____ ☐ HOME ☐ CELL

RELATION TO DEFENDANT:_____

NAME:_____

ADDRESS:_____

CITY:_____ ST:_____ ZIP:_____

PHONE NUMBER:_____ ☐ HOME ☐ CELL

ALTERNATE PHONE NUMBER:_____ ☐ HOME ☐ CELL

RELATION TO DEFENDANT:_____

IF THIS IS A TRAFFIC OR MISDEMEANOR CASE, YOU OR YOUR ATTORNEY **MUST** PROVIDE A LETTER DESCRIBING WHICH OF THE FOLLOWING CRITERIA FOR DIVERSION YOU MEET.

Elements used to determine if a diversion is in the interests of justice and the benefit to the community and defendant are:

1. The nature of the crime charged and the circumstances surrounding it;
2. Any special characteristics or circumstances of the defendant;
3. Whether the defendant is a first time offender and if the defendant has previously participated in diversion, according to the certification of the Kansas Bureau of Investigation or the Division of Vehicles of the Department of Revenue;
4. Whether there is a probability that the defendant will cooperate with and benefit from diversion;
5. Whether the available diversion program is appropriate to the needs of the defendant;
6. The impact of the diversion of the defendant upon the community;
7. Recommendations, if any, of the involved law enforcement agency; (*will be determined by City Attorney's Office)*
8. Recommendations, if any of the victim; *(will be determined by City Attorney's Office)*
9. Provisions for restitution; and
10. Any mitigating circumstances.

I hereby authorize the City Attorney's Office to release any information in the City Attorney's file pertaining to the offense(s), for which I am charged, to any Mental Health Center, the Department of SRS, and any investigating Law Enforcement Agencies, or any other such person or agencies for use in determining whether I am a suitable candidate for diversion. I further authorize any person, agency, or organization to release and provide, upon request, any information to the office of the City Attorney, in consideration of any application for Diversion, regarding any traffic/criminal history record checks.

I further authorize any person, agency, or organization that is conducting an evaluation or treatment, as part of the diversion application or the diversion agreement to release information to any other person, agency, or organization as needed for the evaluation or treatment process.

A false answer to any questions 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 Attorney will resume prosecution on the original charges and/or prosecution for falsifying this application.

_____ Dated: _____

Applicant's Signature

_____ Dated:_____

Attorney for the Defendant/Applicant