

APPLICATION FOR JUVENILE DIVERSION

Juvenile must complete this application in his/her own handwriting

1. JV Case Number: _____
* A separate application must be completed for each case
2. Juvenile's Legal Name: _____
Any other names Juvenile has ever used: _____

3. Juvenile's Date of Birth: _____ Place of Birth: _____
4. Juvenile's Current Residential Address: _____
Mailing Address: _____
Telephone Numbers: Cell _____ Home _____
5. List City/State(s) Juvenile has lived in over last 5 years: _____

6. List Juvenile's Present/Past Schools: _____

7. Has Juvenile ever been suspended/expelled? _____ When: _____
Why? _____
8. Juvenile's Social Security Number: _____
9. Father's Name: _____
Address: _____ Phone: _____
10. Mother's Name: _____
Address: _____ Phone: _____
11. With whom does Juvenile live? _____
What is their relationship to Juvenile? _____
12. What are the charges filed against the Juvenile in this case: _____

13. Current Year in School: _____
Anticipated Graduation Year: _____
14. Will there be Restitution in this case? _____ Amount (if known): \$ _____

15. Has Juvenile been on a Diversion or any type of pre-filing program (FIT) before? _____
When, Where and what charges were involved: _____

16. Has Juvenile been on Probation before? _____
When, Where and what charges were involved: _____

17. List all offenses for which you have been arrested or charged at any time and in any jurisdiction. Include expunged offenses, juvenile offenses and alcohol related traffic offenses. This section applies even if the charges were dismissed or someone told you the charges would not be on your record. (*Use separate sheet if necessary*).

18. Explain why you feel you could successfully complete the Diversion Program. **This section must be completed or the application will be returned.** _____

19. Who is your attorney? _____

Address: _____

Phone: _____ Fax: _____

Appointed _____ or Retained _____

20. When is the next Court date in this case? _____

By signing this Application for Juvenile Diversion, I hereby state that all the information contained herein is true and correct. I also state that I have read and I understand the Policies of the Finney County Juvenile Diversion Program.

Date: _____
_____ Juvenile's Signature

By signing this Application for Juvenile Diversion, I hereby state that I have provided the Juvenile with a copy of the Finney County Juvenile Diversion Program Policies. I also state that I have explained these policies and believe that the Juvenile understands these policies.

Date: _____
_____ Juvenile's Attorney's Signature

Printed

All Juvenile's charged in the State of Kansas are required to be represented by an attorney; no application for diversion will be reviewed without the signature of an attorney.

WAIVER OF ATTENDANCE

I, _____, attorney for
_____, do hereby give the Department of
Corrections Juvenile Services and Finney County Attorney's Office Juvenile Diversion
Coordinator permission to talk to my client regarding case(s) _____ for
purposes of completing a Level II Assessment and/or signing a formal diversion contract for the
offense(s) of _____.

I will not be able to attend this appointment with my client, but do request a copy of all
information, prior to the next Court appearance.

Attorney for Defendant

Date: _____