NOTIFICATON OF RILEY COUNTY JUVENILE DIVERSION PROGRAM

You are hereby notified that you may apply for the Riley County Juvenile Immediate Intervention/Diversion Program by filing this Application with the Riley County Attorney's Office. Any false or misleading statement on this Application will bar you from participation in the program.

Entrance into the program is at the discretion of the Riley County Attorney or his designee/Assistant Riley County Attorney.

The program is not available to juveniles who have previously been prosecuted as an adult, participated in a Diversion/Immediate Intervention Program or been adjudicated to be a juvenile offender or found guilty of an offense under the Kansas Juvenile Justice Act or who are facing charges as a juvenile offender for committing acts which, if committed by an adult, would constitute:

A. a violation of K.S.A. 8-1567 and amendments thereto and the juvenile: (a) has previously participated in a Diversion or an Immediate Intervention Program instead of prosecution of a complaint alleging a violation of that statute or an ordinance of a city in this state which prohibits the acts prohibited by that statute; (b) has previously been adjudicated of a violation of that statute or a violation of a law of another state or of a political subdivision of this or any other state, which law prohibits the acts prohibited by that statute; or (c) during the time of the alleged violation was involved in a motor vehicle accident or collision resulting in personal injury or death; or

B. a violation of an off grid crime, a person felony, or a felony or misdemeanor committed when the juvenile was illegally possessing a firearm or using a deadly weapon in the commission of such crime.

If you are granted Immediate Intervention/Diversion and successfully complete all requirements of the Agreement, the case against you will, depending upon the posture of the matter, not be filed or will be dismissed.

APPLICATION FOR JUVENILE DIVERSION

Name: _____

Telephone: _____

Address: _____

City: _____ State: _____Zip: _____

SSN: _____ Date of Birth: _____

Driver's License #: _____ If Driver's License from any other state

in last five years, list where: _____

Father's name, address, phone #_____

Mother's name, address, phone #_____

Siblings and their ages:_____

Work Experience:

Present Job: _____

Telephone: _____

Location: _____

Job Title: _____

How Long: _____

Salary: _____ Per:_____

Educational Background:

Elementary School:
_____

Junior High School:
_____

High School: _____ Graduated: _____

College: _____ Graduated: _____

If not graduated of College, Highest Year Achieved: _____

Addresses:

List all addresses at which you lived in the past five years:

_____

_____

Name, address AND phone # of someone who will always know your whereabouts.

_____

_____

Medical History:

List any previous psychiatric, psychological treatment, or drug and alcohol treatment you have ever received:

_____

_____

Do you have the ability to do:

Physical Work (Yes or No) Lifting (Yes or No) Bending (Yes or No)

Stooping (Yes or No)

Previous Arrest Record and Criminal Record:

1. Offense: _____ When: _____

Where: _____ Adjudicated: _____

2. Offense: _____ When: _____

Where: _____ Adjudicated: _____

3. Offense: _____ When: _____

Where: _____ Adjudicated: _____

Restitution

Are you able to make restitution to the victim(s), if deemed appropriate? Yes____No_____

Describe how you will do this.

_____

_____

Explanation of why you are making application for a Juvenile Diversion:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Nature and circumstances of the offense(s), including your participation.

_____

_____

_____

_____

I agree to and authorize release of police reports and any information available concerning me to an authorized counselor or therapist.

I have read the foregoing application. All the information is true and correct. I understand that if any of the foregoing information is not true and correct, this may be a basis for denial of Diversion or Revocation of Diversion.

_____
Juvenile

_____
Mother/Guardian

_____
Father/Guardian

Subscribed and sworn to before me this _____ day of _____, 20___.

_____
NOTARY PUBLIC

My appointment expires: