



# NOTIFICATION OF RILEY COUNTY



## DIVERSION PROGRAM

**IT IS ENCOURAGED THAT ALL DIVERSION APPLICATIONS BE SUBMITTED TO THE RILEY COUNTY DIVERSION OFFICER VIA, MAIL, FAX, OR EMAIL**  
**DIVERISON APPLICATION CAN BE SUBMITTED IN PERSON TO:**

**Diversion Officer: Kim Lenhart**  
**Address: Carnegie Building, 105 Courthouse Plaza, Manhattan, KS 66502**  
**Phone: 785-537-6390**  
**Direct Line: 785-565-6828**  
**Fax: 785-565-6896**  
**Email: [klenhart@rileycountyks.gov](mailto:klenhart@rileycountyks.gov)**

You are hereby notified that you will be considered for the Riley County Diversion program upon filing this Application. Any false or misleading statements on an application for Diversion will bar the application from participation in the Diversion program.

The prosecutor is prohibited from entering into a Diversion Agreement in lieu of being prosecuted for driving under the influence of alcohol and/or; drugs if said Defendant has a prior conviction of such an offense or has participated in a Diversion Agreement for such an offense.

If a Defendant is granted a Diversion and successfully completes all requirements of the Diversion Agreement entered into with Riley County, the case against the Defendant will be dismissed with prejudice.

## APPLICATION FOR DIVERSION

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ CELL: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ email: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ If Driver's License from any other state  
in last five years, list where: \_\_\_\_\_

List Dependents and Their Ages:

\_\_\_\_\_  
\_\_\_\_\_

❖ **Work Experience:**

Present Job: \_\_\_\_\_

Telephone: \_\_\_\_\_

Location: \_\_\_\_\_

Job Title: \_\_\_\_\_

How Long: \_\_\_\_\_

Salary: \_\_\_\_\_ Per: \_\_\_\_\_

❖ **Previous Work Experience:**

1. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location: \_\_\_\_\_ Job Title: \_\_\_\_\_

How Long: \_\_\_\_\_ Salary: \_\_\_\_\_ Per: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location: \_\_\_\_\_ Job Title: \_\_\_\_\_

How Long: \_\_\_\_\_ Salary: \_\_\_\_\_ Per: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

❖ **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)



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.

\_\_\_\_\_  
DEFENDANT

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2017

\_\_\_\_\_  
NOTARY PUBLIC

My appointment expires: