

PRETRIAL DUI DIVERSION INFORMATION SHEET

If you have been charged with Driving Under the Influence of Alcohol and/or Drugs or an alcohol related charge, you may be eligible for consideration for the City of Wichita Diversion Program **ONLY IF:**

You have **NEVER** been convicted of such a violation in this or any other state, or have not previously participated in Diversion of an alcohol-related offense.

Your actions did not result in an automobile accident causing personal injury to yourself or others.

Defendants with a commercial driver’s license may not be eligible for the DUI Diversion Program.

YOU MUST APPLY FOR DIVERSION WITHIN 60 DAYS FROM YOUR INITIAL ARREST FOR DUI, and PAY THE \$25.00 APPLICATION FEE.

If your application for Diversion is accepted, the City will postpone criminal proceedings on the charge(s) against you for one year. In return you must do the following:

*1. PAY ALL COSTS, FINES & FEES: (SEE LAST PARAGRAPH)

Fine	\$750.00
Evaluation Fee	150.00
Diversion Fee	150.00
Wichita Intervention Program Fee	250.00
Application Fee.	25.00
Court Costs	<u>75.00</u>
TOTAL	\$1400.00

You will be responsible for all additional court costs incurred during the course of your case.

- Attend and complete the 48-hour Wichita Intervention Program and pay the \$250 fee. You must also pay the cost of any additional treatment. The agency providing the service will assess the cost.
- Agree to waive your constitutional rights to a speedy trial and a jury trial on the charges against you.
- Agree to stipulate to all police reports pertaining to the facts and circumstances of the charges against you.
- Agree to abide by whatever conditions the City Attorney or the Municipal Court Probation Office feels appropriate.

Application forms for Diversion are available in the Municipal Court Clerk's Office – 2nd Floor,

City Hall, 455 No. Main - and must be filed with the Probation Office. When your application is filed, you will be given a date for a Diversion conference with the Probation Office and a Court hearing date - both of which you **MUST** attend. Failure to attend the Diversion conference and/or the Court hearing on time will result in the denial of your application for Diversion.

Diversion conferences **WILL NOT** be rescheduled.

The City Attorney shall consider the following factors among all factors considered in determining whether Diversion of a defendant is in the interest of justice and of benefit to the defendant and the community:

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 of an alcohol-related offense and if the defendant has previously participated in Diversion according to the certification of the Division of Vehicles of the State 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;
8. Recommendations, if any, of the victim;
9. Provisions for restitution;
10. Recommendations of the Probation Office of the Municipal Court of the City of Wichita;
11. Previous traffic and criminal record of defendant;
12. Level of blood or breath alcohol concentration;
13. Any mitigating circumstances.

If you successfully complete the Diversion, the DUI charge and/or alcohol related charge(s) against you will be dismissed after one year. If you fail to complete the requirements of Diversion or violate any of the terms therein, the City Attorney will ask the Court to reinstate the criminal proceedings against you. The matter will then be set for a trial using only the information contained in the police reports, stipulated to in the Diversion Agreement.

*You must pay \$250.00 on the day you sign the Diversion Agreement - **NO EXCEPTIONS**. The remaining costs are payable in installments over the next 4 months. Persons living out of county and placed on Diversion **must pay the entire amount** on the day they sign their agreement. The \$500 fine can be reduced by community service in exceptional cases.

APPLICATION WILL NOT BE ACCEPTED WITHOUT PAYMENT OF THE APPLICATION FEE AT THE TIME OF FILING.

CASE NO. _____ COURT DATE _____

DOCKET NO. _____ DATE ASSIGNED _____

APPLICATION FOR PRE-TRIAL DUI DIVERSION PROGRAM

ALL ANSWERS MUST BE COMPLETE. TYPE OR PRINT CLEARLY.

1. FULL NAME: _____ PHONE: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

2. AGE: _____ 3. BIRTH DATE: _____ 4. SEX: _____

5. RACE _____ 6. PLACE OF BIRTH: _____

7. SOCIAL SEC. #: _____

8. DRIVER'S LIC # _____ COMMERCIAL DL # _____ STATE: _____

9. MARITAL STATUS: _____ SPOUSE'S NAME: _____

SPOUSE'S AGE: _____ SPOUSE'S EMPLOYMENT: _____

10. NUMBER OF DEPENDENTS: _____

<u>NAME</u>	<u>AGE</u>	<u>NAME</u>	<u>AGE</u>
_____	_____	_____	_____
_____	_____	_____	_____

11: EDUCATION:

SCHOOL LOCATION GRADE/DEGREE

12. VOCATIONAL TRAINING: _____ YES _____ NO TYPE _____

13. MILITARY SERVICE: _____ YES _____ NO BRANCH _____

TYPE OF DISCHARGE _____ DISCHARGE DATE: _____
(FROM ACTIVE DUTY)

14. NEAREST CONTACT:

NAME: _____ TELEPHONE: _____

ADDRESS: _____ RELATION: _____

15. DEFENSE ATTORNEY:

NAME: _____

ADDRESS: _____

PHONE: _____

16. PRESENT EMPLOYMENT:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

DATE EMPLOYED _____ OCCUPATION: _____

SALARY: _____

17. EMPLOYMENT HISTORY: (Begin with Last Previous Employer)*

NAME: _____ TELEPHONE: _____

ADDRESS: _____

DATES EMPLOYED: _____ OCCUPATION: _____

REASON LEFT: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____

DATES EMPLOYED: _____ OCCUPATION: _____

REASON LEFT: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____

DATES EMPLOYED: _____ OCCUPATION: _____

REASON LEFT: _____

*List past 2 years employment. If you need additional space, use blank paper.

18. PRIOR OFFENSE RECORD: _____ NONE _____ JUVENILE _____ ADULT
CRIMINAL OFFENSE CONVICTIONS AND/OR DIVERSIONS:

TRAFFIC OFFENSE CONVICTIONS:

19. DATE OF ARREST FOR PRESENT DUI
CHARGE: _____

CASE NUMBER: _____ COURT DATE: _____

BAC: _____

20. Have you ever participated in a DUI or DWI diversion program? _____ If yes, please state where and date participation:

21. Are you now, or have you ever, participated in any other diversion program? _____ If yes, please state where and the effective date of program.

22. Do you have other DUI or DWI pending in any other city, county or state? _____ If yes, please state where.

23. Have you ever participated in an alcohol and/or drug treatment or counseling? _____ If yes, state when, where, and reason for attendance.

24. State in your own words why you were arrested for DUI.

27. STATE THE NAME OF YOUR VEHICLE INSURANCE COMPANY, YOUR AGENT'S NAME, AGENT'S TELEPHONE NUMBER AND THE INSURANCE POLICY NUMBER:

INSURANCE COMPANY: _____ POLICY NO: _____

AGENT'S NAME: _____ TELEPHONE NO: _____

I hereby apply for status as a participant in the diversion program and request that the City Attorney temporarily delay trial against me. I understand that the final decision to commence criminal proceedings or to defer prosecution in my case rests entirely with the City Attorney. I further understand that by applying for the City's diversion program, that I agree to waive my statutory and constitutional rights to have a speedy trial in this matter.

I authorize the program coordinator 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 program coordinator 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 Attorney will resume prosecution of the original charges.

DATE

APPLICANT