

## 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 any 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 appearance for DUI, and **pay the \$25.00 application fee**. Late applications will not be accepted.

If your application for the diversion is accepted, the City will postpone criminal proceedings on the charge(s) against you for the diversion term.

In return, you must do the following:

1. Pay all costs, fees, and fines (See pay schedule list on page 3). You will be responsible for all additional court costs incurred during the course of your case.
2. 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.
3. Agree to waive your constitutional rights to a speedy trial and a jury trial on the charges against you.
4. Successfully complete all terms and conditions set out by the diversion contract. Treatment or programs ordered may include, but are not limited to the following: ADSAP, anger management, drug and alcohol counseling program, community service, theft education class, or parenting class.
5. Make full restitution to the victim in your case, if applicable.
6. Violate no laws of any City or State of the United States.
7. Agree to stipulate to all facts pertaining to the facts and circumstances of the charges against you.
8. Agree and abide by any additional conditions the prosecutor deems necessary.

At the time you file your application, you will be given a date for a diversion conference with the Probation Office and diversion hearing date to appear in court, 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 and/or bench warrant for your arrest.

***Diversion Conferences will not be rescheduled.***

While considering whether a defendant should be placed on diversion, the prosecutor shall consider the following factors:

1. The nature of the crime charged and the surrounding circumstances.
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, the diversion.
5. Whether the diversion is appropriate to the needs of the defendant.
  
6. The impact of granting diversion to the defendant will have 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 made by 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 Prosecutor's Office will ask the court to reinstate the criminal proceedings against you. The Prosecutor's Office will mail a Motion to Terminate Diversion to the address on file with the Prosecutor's Office. The matter will then be set for a trial using only the information stipulated to in the diversion contract.

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 6 months.

City Fine	\$500.00
State Fine	250.00 **
Evaluation Fee	200.00
City Diversion Fee	193.50
Wichita Intervention Program Fee	250.00
Application Fee	25.00
Court Costs	<u>81.50</u>
<b>TOTAL</b>	<b>\$1500.00</b>

\*\*Fines to be remitted to the State must be paid in full. Community Service hours cannot be used for payment of these fines.

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

**APPLICATION WILL NOT BE ACCEPTED WITHOUT PAYMENT OF THE APPLICATION FEE AND INSURANCE INFORMATION AT THE TIME OF FILING.**

WPD CASE NO. \_\_\_\_\_ COURT DATE \_\_\_\_\_

DOCKET NO. \_\_\_\_\_ DATE ASSIGNED \_\_\_\_\_

I REQUEST CORRESPONDENCE REGARDING MY DIVERSION IS SENT BY (Please choose only one):

Email \_\_\_\_\_ Postal mail \_\_\_\_\_ *if by email, my email address:* \_\_\_\_\_

**APPLICATION FOR PRE-TRIAL DUI DIVERSION PROGRAM  
ALL ANSWERS MUST BE COMPLETE. TYPE OR PRINT CLEARLY.**

FULL NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_

MAIDEN NAME OR OTHER NAME USED \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street #/StreetName) (Apt/Lot#) (City) (State) (Zip)

SOCIAL SEC. # \_\_\_\_\_ DRIVER'S LIC # \_\_\_\_\_

COMMERCIAL DL # \_\_\_\_\_ DL STATE \_\_\_\_\_

CITY AND STATE WHERE YOU WERE BORN \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_

NUMBER OF DEPENDENTS: \_\_\_\_\_

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

EDUCATION:

<u>SCHOOL</u>	<u>LOCATION</u>	<u>GRADE OR DEGREE COMPLETED</u>
_____	_____	_____
_____	_____	_____

MILITARY SERVICE: YES \_\_\_ NO \_\_\_ BRANCH \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_ DATE OF DISCHARGE \_\_\_\_\_

DEFENSE ATTORNEY:

NAME: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRESENT EMPLOYMENT:

EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE EMPLOYED: \_\_\_\_\_ OCCUPATION/TYPE OF WORK: \_\_\_\_\_

PRESENT SOURCE(S) OF INCOME

1. DEFENDANT'S EMPLOYMENT: \$ \_\_\_\_\_ PER MONTH
2. SPOUSE'S EMPLOYMENT: \$ \_\_\_\_\_ PER MONTH
3. UNEMPLOYMENT COMPENSATION: \$ \_\_\_\_\_ PER MONTH
4. PUBLIC ASSISTANCE: \$ \_\_\_\_\_ PER MONTH
5. OTHER: \$ \_\_\_\_\_ PER MONTH

If other, please indicate source: Parents \_\_\_\_\_ Relatives \_\_\_\_\_ Other: \_\_\_\_\_

**Prior Traffic Offense Record:** (List all juvenile and adult traffic incidents, DUI or DWI Arrest, Diversions, Deferred Prosecutions, Convictions and Expungements in Kansas or other states, including those not resulting in formal charges or convictions. Include date of arrest, citation or incident, arresting or ticketing agency, charge and disposition.) Use blank sheet of paper if needed.

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

**Prior Criminal Offense Record:** (List all juvenile and Adult incidents, Arrest, Citations, Orders to Appear, Prosecutions, Convictions, Expungements or Deferred Prosecution Agreements in Kansas or other states, including those not resulting in formal charges or convictions. Include date of incident involved, agency, charge and disposition.) Use blank sheet of paper if needed.

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

Date of arrest for present DUI charge: \_\_\_\_\_ BAC: \_\_\_\_\_

Are you currently taking any prescription medications? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, list all prescriptions and doses taken.

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Have you ever participated in a DUI/DWI diversion program? \_\_\_\_\_

If yes, please state where and date of participation:

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Have you now, or have you ever, participated in any **other** diversion program? \_\_\_\_\_

If yes, please state where, the effective date of program, and the charges diverted.

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Do you have other DUI/DWI cases pending in any other city, county, or state? \_\_\_\_\_

If yes, please state where.

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

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

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State why you believe you would successfully complete the diversion program:

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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 Prosecutor's Office 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 Prosecutor's Office. 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 Prosecutor's Office will resume prosecution of the original charges.

I understand and agree that in the event it is learned I have falsified or omitted any part of the application for Diversion, including but not limited to, my listing of prior traffic and criminal offenses, it shall be considered a violation of my Diversion Agreement and I may be removed from the program. I agree that a criminal justice report, including, but not limited to, a Department of Justice report, KBI report, Police Department or Sheriff's Department report, and/or Department of Revenue report, may be admitted as evidence in any court, without foundation, to prove prior traffic or criminal offenses.

I understand and agree that I have an ongoing duty to update the Prosecutor's Office of any changes in the information regarding my application including information regarding any new or pending traffic or criminal offenses.

I understand that failure to respond to any question will render the application incomplete and the Prosecutor's Office will not consider the application.

I declare (or verify, certify, or state) under penalty of perjury under the laws of the State of Kansas, that I have personally read or have had read to me the above application and response thereto and that all information contained in the foregoing application is true and correct.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT