

Lindsborg Municipal Court  
101 S Main  
P O Box 70  
Lindsborg KS 67456  
Phone 785-227-3355  
Fax 785-227-4128

City Prosecutor  
120 E. Lincoln  
P O Box 328  
Lindsborg, KS 67456  
(T) 785-227-3632  
Fax 785-227-4341

Case No. \_\_\_\_\_ **DIVERSION APPLICATION** \_\_\_\_\_ LPD No. \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: M/F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ DL# \_\_\_\_\_ CDL yes/no

SS# \_\_\_\_\_

**CHARGES** (this case): \_\_\_\_\_

\*\* If the charge is a DUI you must submit a drug and alcohol evaluation prior to consideration and acceptance for diversion.

List **ALL**, pending charges and/or previous convictions from ANY court, any state during your lifetime:

\_\_\_\_\_

Have you ever participated in a diversion during your lifetime, if so when and where?

\_\_\_\_\_

List current employer (name/ address/ salary) \_\_\_\_\_

\_\_\_\_\_

Monthly income (source/amount) \_\_\_\_\_

Spouse (name/address/): \_\_\_\_\_

Children (Y/N, ages) \_\_\_\_\_

Highest grade/ Degree/Training \_\_\_\_\_

I can complete this diversion because \_\_\_\_\_

\_\_\_\_\_

Physical/emotional/mental issues or treatment (past and present): \_\_\_\_\_

\_\_\_\_\_

List 2 personal references who can locate you if we can't! (name, address, phone):

1. \_\_\_\_\_

2. \_\_\_\_\_

*I agree to waive my right to a speedy trial during the time I've requested diversion, submitted an application and am awaiting approval or denial. I understand a false answer/statement on this application will disqualify me from diversion. By signing below I'm verifying I've read the separate diversion policy.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NEXT COURT DATE: (appearance may not required)**

**Tuesday, \_\_\_\_\_ 20 @ 1:30 p.m.**

Revised 12/2015