

**CITY PROSECUTOR  
HESSTON MUNICIPAL COURT  
444 N. LANCASTER PO BOX 100  
HESSTON KANSAS 67062  
1-620-327-2020**

Michael X. Llamas  
City Prosecutor

APPLICATION FOR PRE-TRIAL DIVERSION PROGRAM

DOCKET #: \_\_\_\_\_ COURT DATE: \_\_\_\_\_  
APPLICATION DATE: \_\_\_\_\_ APPLICATION FEE: \$25.00  
**Application fee is non-refundable.**

Type or print clearly and ALL answers MUST be completed:

1. Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Length of residence at present address: \_\_\_\_\_
2. Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Birth place: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_
3. Social Security #: \_\_\_\_\_
4. Driver's License #: \_\_\_\_\_
5. Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Spouse's Age: \_\_\_\_\_ Spouse's Employment: \_\_\_\_\_
6. Number of Dependents: \_\_\_\_\_

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
7. Education:

School	Location	Grade or Degree
_____	_____	_____
_____	_____	_____
8. Vocation Training: \_\_\_\_\_ Yes \_\_\_\_\_ No Type: \_\_\_\_\_

9. Military Service: \_\_\_\_ Yes \_\_\_\_ No Branch: \_\_\_\_\_  
 Type of Discharge: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_
10. Nearest Contact (With a permanent address):  
 Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relation to Defendant: \_\_\_\_\_
11. Defense Attorney:  
 Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_  
 Address: \_\_\_\_\_
12. Present Employment:  
 Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date Employed: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Salary: \_\_\_\_\_
13. Employment History – Begin with last employer, list employment for the past two (2) years.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
14. Present Sources of Income (Please give the amount from each source per month)  
 Defendant: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_  
 Unemployment Comp: \$ \_\_\_\_\_ Public Assistance: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_
15. Prior offense record: None \_\_\_\_ Juvenile \_\_\_\_ Adult \_\_\_\_  
 Criminal offense convictions and/or diversions:  
 \_\_\_\_\_  
 \_\_\_\_\_
- Traffic offense conviction:  
 (Only those involving liquor, drugs, DUI, open container, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_
16. Date of arrest for present charge: \_\_\_\_\_
17. Have you every participated in a diversion program? \_\_\_\_\_  
 If yes, please state what state: \_\_\_\_\_
18. Do you have other charges pending in another county or state: \_\_\_\_\_
19. Have you ever participated in an alcohol /drug treatment counseling? \_\_\_\_\_  
 If yes, state where, when, & reason for attendance: \_\_\_\_\_

20. Personal References (With a Permanent Address):  
 Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Relation to Defendant: \_\_\_\_\_  
 Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Relation to Defendant: \_\_\_\_\_
21. State in your own words why the charges against you have been filed:  
 \_\_\_\_\_  
 \_\_\_\_\_
22. Name of your vehicle insurance company: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Date of expiration: \_\_\_\_\_  
 Agent's name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

I hereby apply for status as participant in the diversion program and request that the City of Hesston prosecuting attorney temporarily delay trial against me in order to permit consideration of this application. I understand that the final decision to commence criminal proceedings or to defer prosecution in my case rests entirely with the City Prosecutor.

I authorize the City of Hesston Municipal Court Clerk's office to conduct an investigation to determine suitability for the program. I understand that any information furnished by me or authorized by me to be furnished to the investigator in connection with its investigation will be kept confidential.

A false answer to any question in this application may be grounds for recommendation against placement into this program; in which case, the City Prosecutor will resume prosecution of the original charges.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Applicant

I authorize the City Prosecutor to conduct a background check of my past employment record and I authorize my present and previous employers to furnish the City of Hesston Municipal Clerk's Office with any information they request.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Applicant