

ALTAMONT MUNICIPAL COURT

407 S HUSTON ▪ P.O. BOX 305 ▪ ALTAMONT, KS 67330
PHONE (620) 784-5612 ▪ FAX (620) 784-5882 ▪ EMAIL: COURT@ALTAMONTKS.COM
JUDGE BRIAN K. JOHNSON ▪ CITY ATTORNEY STEPHEN P. JONES ▪ COURT CLERK MAXIMUS L. BRUMBACK

DIVERSION PROGRAM APPLICATION

Participation in this program is a privilege, not a right, and the final decision to accept you into the program rests solely with the Altamont City Attorney's Office. To be considered for participation in the program, you must submit an application and the application fee of \$15.00 in the form of cash or money order.

Applying for diversion does not relieve you of your responsibility to appear at all court hearings.

The intent of this program is to provide a second chance to those who are willing to accept responsibility and responsibility for his or her actions and to continue life with a "clean slate."

The Diversion Coordinator may request a local record check, KBI check, and/or driving record to help determine whether or not acceptance into the program will be granted. If you qualify for the Diversion Program, you will need to follow all terms and conditions set forth in the Diversion Agreement. Please do not call to ask if certain issues will affect your eligibility for the program; that is the purpose of the application. If there are any violations, a revocation of the diversion may be requested and a conviction on the original charge(s) will be sought.

If there are any questions regarding the Diversion Program, please feel free to contact the Altamont City Attorney at 620-784-5612.

Application Process: 1. Obtain Application and ticket with case number. 2. Submit application and fee. At this point you will either receive a Diversion Agreement or a declination letter. Follow the steps listed in the document you receive.

YOU MUST ATTACH A COPY OF YOU TICKET AND CASE NUMBER

\$15.00 APPLICATION FEE MUST BE ATTACHED

The Application will not be accepted without the fee.

Must be cash or money order made out to the Altamont Municipal Court

TODAY'S DATE	CASE #	NEXT HEARING DATE	
DEFENDANT'S ATTORNEY		<input type="checkbox"/> RETAINED	<input type="checkbox"/> APPOINTED
ATTORNEY'S ADDRESS			
CITY	STATE	ZIP	
ATTORNEY'S PHONE	ATTORNEY'S EMAIL		



APPLICANT INFORMATION

NAME AS APPEARS ON TICKET		
OTHER NAMES USED		
ADDRESS		
CITY	STATE	ZIP
PHONE #	ALTERNATE PHONE #	
LENGTH OF RESIDENCE IN U.S.	SOCIAL SECURITY #	
DRIVER LICENSE #	PLACE OF BIRTH	
AGE	SEX	RACE
DO YOU HAVE A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO	CDL #	
Were you operating a commercial vehicle when ticketed?		<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYEMENT HISTORY

CURRENT/MOST RECENT EMPLOYER		
EMPLOYER ADDRESS		
CITY	STATE	ZIP
DATES EMPLOYED:	TO	SALARY
OCCUPATION		
PREVIOUS EMPLOYER		
EMPLOYER ADDRESS		
CITY	STATE	ZIP
DATES EMPLOYED:	TO	SALARY
OCCUPATION		



PRIOR OFFENCE RECORD

NONE

JUVENILE

ADULT

CRIMINAL OFFENSE CONVICTIONS AND/ OR DIVERSIONS:

Are you now, or have you ever, participated in any other Diversion Program?

YES

NO

If yes, please state the charge(s), where and when you participated in the Program.

Do you have any pending charges/tickets, in any other city, county or state?

YES

NO

If yes, please state the charge(s)/tickets, where and when you were charged.

CURRENT CHARGES

LIST WHAT YOU ARE CURRENTLY CHARGED WITH IN ALTMAONT

OFFENSE 1)

OFFENSE 2)

OFFENSE 3)

OFFENSE 4)

PERSONAL REFERENCES

NAME

ADDRESS

CITY

STATE

ZIP

PHONE

RELATIONSHIP



IN ALL CASES, YOU MUST FILL OUT THE FOLLOWING SECTION. IN THIS SECTION, PLEASE EXPLAIN WHY YOU SHOULD BE GRANTED A DIVERSION.

Please include:

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 will cooperate with and benefit from diversion.
4. Provisions for restitution; and
5. Any mitigating circumstances.

This office will not offer diversion to people who BELIEVE THEY ARE innocent or are otherwise not responsible for their actions.

I hereby authorize the Altamont City Attorney's Office to release any information in the Altamont City Attorney's file pertaining to the offense(s), for which I am charged, to any Mental Health Center, the Dept. of DCF, the Juvenile Justice Authority, and any investigating Law Enforcement Agencies, or any other such person or agencies for use in determining whether I am a suitable candidate for diversion. I further authorize any person, agency, or organization to release and provide, upon request, any information to the office of the Altamont City Attorney, in consideration of any application for Diversion, regarding any traffic/criminal history record checks. Additionally, I affirm that I have read and understood all of the above information and that the information supplied by me is true and accurate.

I further authorize any person, agency, or organization that is conducting an evaluation or treatment, as part of the diversion application or the diversion agreement to release information to any other person agency, or organization as needed for the evaluation or treatment process.

A false answer to any questions in this application may be grounds for recommendation against placement into this program or removal after placement in the program, in which case, the Altamont City Attorney will resume prosecution on the original charges and/or prosecution for falsifying this application.

If you pay the ticker, then you will have pled guilty to the charges and we cannot proceed with the diversion process. You may request a court appointed attorney or retain counsel at any time. This will not affect the diversion process. This process can take some time to obtain records so it is recommended that application be made well in advance of your next hearing. It is your responsibility to comply and communicate with the Altamont City Attorney's Office during this process. If you do not receive any documentation in a timely fashion after submitting your application, please contact the Altamont City Attorney's Office.

Applicant's Signature

Dated: _____

Attorney for the Defendant/Applicant

Dated: _____

