

13. Employment (list current and previous employers and dates with each):

14. List the name and address of your immediate family: _____

(Do not need to fill out questions 15- 17 for minor traffic offenses)

15. List your medical history including any mental health treatment or counseling: _____

16. List any alcohol/drug treatment programs and dates of attendance: _____

17. List general information of your present financial status. Please attach pay stubs for the last month.
a. Employer: _____
b. Length of employment: _____
c. Previous employer: _____
d. Net and Gross Pay: _____
e. Paid period: _____
f. Monthly payments owed: _____
g. Total indebtedness: _____

18. List any incidence where you were arrested, charged or convicted of crimes whether felony, misdemeanor or traffic. List the city and state of the incident and result of the incident: _____

19. DO NOT SEND PAYMENT NOW.

If you are accepted we will send you a diversion agreement with instruction on payment method.

Defendant

It is the understanding of the Allen County Attorney's Office that you are not represented by counsel. If this is incorrect, please forward these materials to your attorney for their use. If you do not have an attorney, please review the voluntary waiver of counsel below. After reading and fully understanding this, you may choose to sign it or not.

Voluntary Waiver of Counsel

I, (print name) _____, understand that I have been charged in Case Number _____, in the District Court of Allen County, Kansas. I further understand that I am entitled to hire an attorney to represent me in this case. In some cases, I may have an attorney appointed for me.

Knowing my rights and being fully advised of them, I choose to knowingly and voluntarily waive my right to counsel, and wish to proceed on my own.

Signature

Date