

OFFICE OF THE  
**STAFFORD COUNTY ATTORNEY**

Application for Diversion Program

**Please Read Before Filling Out Application**

1. The diversion application fee is \$50.00. This Non-Refundable fee must be paid when turning in your application. You must pay with a cashier's check or money order (We will not accept cash). Please make check payable to STAFFORD COUNTY ATTORNEY. You must be on diversion within 45 days of citation, or you will need to see a judge. There is no guarantee that you will be accepted for Diversion.
2. The Diversion Office cannot excuse you from your court dates. If you have a court date, please plan to attend, or contact the Court to see if attendance is necessary --Stafford County District Court (620) 549-3295—
3. In addition to the diversion application fee, the Defendant (you) will be responsible for any diversion program fee, court costs, fines, and/or restitution as required by the Diversion Agreement and evaluation.
4. You will be on diversion for a period of six (6) months to allow you to accomplish your required classes, DUI Impact Panel and any other requirements. Your diversion can be extended at the discretion of the State for an additional six (6) month period to allow for you to complete all requirements.
5. Violation of the diversion agreement could result in the revocation of your diversion and the case being referred back to court.
6. You must contact the Stafford County Attorney's Office with any changes to you information, including address, phone number, employment, etc.

(Please Print)

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Phone Work Phone Cell Phone Email Address

\_\_\_\_\_  
Social Security Number Date of Birth Driver's License Number / State of Issuance

\_\_\_\_\_  
Your Attorney (if any)

\_\_\_\_\_  
Attorney Address (If any) Attorney Phone Number

\_\_\_\_\_  
Date Citation Received

\_\_\_\_\_  
Present Offense(s): Date

\_\_\_\_\_  
Prior Arrest(s): Date

\_\_\_\_\_  
Prior Serious Offense(s): Date

**I certify that the above information is true and correct to the best of my knowledge.**

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

**Stafford County Attorney's Office**  
209 N. Broadway, 1<sup>st</sup> Floor, St. John, KS 67576  
Phone: 620-549-3501 Fax: 620-549-6654  
Email: [sfcountyattorney@staffordcountyks.gov](mailto:sfcountyattorney@staffordcountyks.gov)  
Office Hours: Monday -Friday 8-12 & 1-5 P.M.