

APPLICATION FOR PRE-TRIAL DIVERSION PROGRAM

(All answers must be completed)

1. NAME _____ PHONE (____) _____
ADDRESS _____
(Street) (City) (State) (Zip Code)
LENGTH OF RESIDENCE AT CURRENT ADDRESS _____
2. AGE _____ DATE OF BIRTH _____
3. GENDER M / F RACE _____
4. PLACE OF BIRTH _____
(City) (State)
5. SOCIAL SECURITY NUMBER _____ - _____ - _____
6. MARITAL STATUS _____
SPOUSE'S NAME _____ AGE _____
SPOUSE'S EMPLOYMENT _____
7. NUMBER OF DEPENDANTS _____

<u>NAMES</u>	<u>AGES</u>
_____	_____
_____	_____
_____	_____
_____	_____
10. EDUCATION

<u>SCHOOLS</u>	<u>LOCATION</u>	<u>GRADE OR DEGREE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
11. VOCATIONAL TRAINING Y / N TYPE _____

12. MILITARY SERVICE Y / N BRANCH _____
TYPE OF DISCHARGE _____ DATE OF DISCHARGE _____
(from active duty)

13. NEAREST CONTACT
NAME _____ PHONE _____
ADDRESS _____
RELATION TO DEFENDANT _____

14. DEFENSE ATTORNEY
NAME _____ PHONE _____
ADDRESS _____

15. PRESENT EMPLOYMENT
NAME OF COMPANY _____ PHONE _____
ADDRESS OF COMPANY _____
DATE EMPLOYED _____ SALARY _____
OCCUPATION _____

16. EMPLOYMENT HISTORY (begin with last previous employer, List employment for 2 years.
Use additional paper if needed)
NAME OF COMPANY _____ PHONE _____
ADDRESS OF COMPANY _____
DATE EMPLOYED _____ OCCUPATION _____
REASON LEFT _____
NAME OF COMPANY _____ PHONE _____
ADDRESS OF COMPANY _____
DATE EMPLOYED _____ OCCUPATION _____
REASON LEFT _____

17. PRESENT SOURCE OF INCOME

DEFENDANTS EMPLOYMENT _____ SPOUSES EMPLOYMENT _____

UNEMPLOYMENT COMPENSATION _____ PUBLIC ASSISTANCE _____

PARENTS _____ RELATIVES _____ FRIENDS _____ OTHER _____

18. PRIOR OFFENSE RECORD NONE / JUVINILE / ADULT

CRIMINAL HISTORY (Begin with first arrest and include traffic violations only if they involve liquor and/or drugs, example – DUI, transport open container, etc.)

19. PERSONAL REFERENCES

NAME _____ PHONE _____

ADDRESS _____

RELATION TO DEFENDANT _____

NAME _____ PHONE _____

ADDRESS _____

RELATION TO DEFENDANT _____

20. State in your own words why you were arrested

I hereby apply for status as a participant in the diversion program. I request that the City Prosecutor 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 program coordinator to conduct an investigation to determine suitability for this program. I understand that any information furnished by me or authorized by me to be furnished to the program coordinator in connection with this investigation will be kept confidential.

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

DATE

APPLICANT'S SIGNATURE

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 Prosecutor's Office with any information they request.

DATE

APPLICANT'S SIGNATURE